

co sica

OUTLINES

Practice of Physic, Materia Medica, Toxicology

AND

DOMESTIC SURGERY;

TO WHICH ARE APPENDED

THREE HUNDRED QUESTIONS ON SUBJECTS CONNECTED WITH THE
DAILY ROUTINE OF A HOSPITAL.

COMPILED

CHIEFLY FOR THE USE OF THE

SUBORDINATE MEDICAL DEPARTMENT,

BOTH EUROPEAN AND NATIVE,

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KHULA'SA

Tib aur Materia Medica,

YANE

KHAWA'S ADWIYAH WAGHAIRAH

AUR

SAMYA'T AUR JARRA'HI' KA',

MAI TI'N SAU SAWA'LA'T MULHAQA MUSHTAMILBAR KA'R ROZMARRAH
SHAFAKHA'NA KE,

WA'STE FA'IDAH

TA'BEDA'R MUTALLIQON ILA'QA TIBA'BAT

DONON ANGREZI' AUR HINDUSTA'NI' TASNI'F SE,

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Assistant Surgeon, Mutalliqah Iha'ta Banga'la ke,

AUR

TARJUNA KI' GAI BAA'NAT

MOONSHEE HOOSAINEE,

MUDARRIS MADARSA DEHLIE KE.

AGRA:

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PREFACE.

The chapters that compose this little work were originally compiled by me in my leisure hours, for the purpose of assisting the Native Doctors in my hospital, in the rudiments of their profession, and thinking if such a work was published in a cheap form, it might prove acceptable to the whole class of the subordinate Medical Establishment, both European and Native, I was induced to have it printed in English and Hindoostanee : should it prove so, I shall feel amply rewarded for all the trouble I have had. At the end of each chapter in the Practice of Physic, will be found a few questions relative to the subject treated upon, which will, I think, materially assist the student by impressing it more fully on his memory, more especially if the Medical Officer under whom he may be placed, would, from time to time, examine him as to his progress, and explain to him whatever he may not fully understand. I would refer the reader to the Bengal Pharmacopœia, published by Dr. W. B. O'Shaughnessy, for all particulars regarding the mode of preparing the different articles in the Materia Medica, as they will find in that valuable book every thing they could possibly require regarding that branch of their studies.

A great difficulty in this undertaking has been to condense. Where there is so much that is excellent in those works I have consulted, it is not easy to abridge without injuring, or to abbreviate without detracting. It is also true, that abridgments are for the most part received with distrust; partly because the judgment of the abridger may fairly be regarded with doubt or suspicion, and also, because there is always an inclination to adopt, in the spirit of favoritism, those opinions which most strongly accord with our own, and to reject others, which may be equally or even more worthy of being retained.

PART I.
ON THE
CLASSIFICATION OF MEDICINES.

ABSORBENT, Jázib.	EMOLlient, Mulayyan.
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ANODYNE, Khwábáwar.	ERRHINE, Chhínk lánewálá.
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ANTISEPTIC, Dáfa afúnat.	HYDRAGOGUE, Putla dust láne-wálá.
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AROMA(tic), Khushbúdár.	LAXATIVE, Pet narm karnewálá.
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CORDIAL, Dilkusha.	PURGATIVE, Dastáwar.
COUNTERIRRITANT, Dáfá sozish.	REFRIGERANT, Dáfa garmí.
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DEOBSTRUENT, Mufattih.	RUBEFACIENT, Surkh karnewálá badan ká.
DETERGENT, Zaḳhm sáf karnewálá.	SIALOGOGUE, Muṇh lánewálá yáne joshe dahan.
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DIGESTIVE, Pakánewálá.	STOMACHIC, Muqawwí miuduh.
DILUENT, Raqíq karnewálá.	STYPTIC; Khún band karnewálá.
DISCUTIENT, Tahlíl karnewálá.	SUDORIFIC, Pasíná lánewálá.
DIURETIC, Pesháb lánewálá.	SUPPURATIVE, Píb paidá kurne-wálá.
DRASTIC, Tez dast lánewálá.	TONIC, Muqawwí.
EMETIC, Rad lánewálá.	
EMMENAGOGUE, Haiz lánewálá.	

PART I.
ON THE
CLASSIFICATION OF MEDICINES.



Q.—What is an Absorbent?

A.—Any medicine that has no acrimony of itself, and destroys acidity in the stomach and bowels.

Q.—Give examples ?

A.—Magnesia and prepared Chalk.

Q.—What is an Acid?

A.—A substance possessed of the following properties: generally a sour taste; the power of changing the vegetable blue colours into red, and of combining with an Alkaly, with Earths, and with Metallic Oxyds. Some Acids, as the Sulphuric, Nitric and Muriatic, have a very powerful action, and corrode or destroy animal and vegetable substances.

Q.—How are Acids divided?

A.—Into mineral, animal, and vegetable.

Q.—Give examples of each kind of Acids?

A.—The principal Mineral Acids are the Sulphuric, Muriatic, Carbonic, and the Fluoric; the Animal Acids are the Phosphoric, Prussic, and the Uric; the chief vegetable acids are the Acetic Acid or Vinegar, the Oxalic, the Tartaric, the Citric, the Malic, and the Benzoic.

Q.—What is an Alkali?

A.—A substance endowed with the following properties. It changes the vegetable blue colours to green, forms a substance with Acids, having qualities quite distinct from both Acids and Alkalies, and forms soap when mixed with oils.

Q.—How many kind of Alkalies are there?

A.—Two: the fixed and the volatile.

Q.—Name the two kinds of Alkalies?

A.—The fixed Alkalies are Potash and Soda; the Volatile Alkali is Ammonia or Hart'shorn.

B A' B A W W A L.

DARBA'B JAMA'AT ADVIA'T KE.



Sawál.—Jázib kisko kahte hain?

Jawáb.—Jázib us dawá ko kahte hain ki jismen tundí aur charparahaṭ bezátehí na howe, aur mádeh aur anṭriyon kí tursháí ko záyal kare.

S.—Misál iskí kyá hai?

J.—Magnesia aur sáf ki huí khariá miṭti.

S.—Tezáb kisko kahte hain?

J.—Jis shai men yih ḳhawás howen ki aksar záiqá uská tursh ho, aur yih sift rakhtí ho ki nabátatí níle rugoon ko surkh karde, aur khár aur miṭti aur falazzatí kushta ke sáth miljáwe. Báz baz tezáb misl tezáb gandhak aur shorah aur namak ke bahut tez tásír rakhte hain, aur haiwání aur nabátatí chízon ko khajáte aur galá dete hain.

S.—Tezáb kai qism ke hain?

J.—Khaní, naiwání aur nabátatí.

S.—Har qism kc tezáb kí misál do?

J.—Mashhúr tezáb khání yeh hain, yane tezáb gandhak, tezáb namak, tezáb Cárbonic aur tezáb Fluoric; tezáb haiwání yeh hain, Phosphoric, Prussic aur Uric; mashhúr nabátatí tezáb yeh hain, Acetic Acid yá sirká, Oxalic, Tartaric, Citric, Malic aur Benzoic.

S.—Khár kisko kahte hain?

J.—Jis chíz men yih ḳhawás hon ki nabátatí níle rang ko sabz karde, aur tezáb se milkar ek naí chíz ho jáwe, jiskí ḳhawás tezáb aur khár se bilkúl muḥtalif hon, tel ke sáth milne se sá bun banjáwe.

S.—Khár kai qism ká hotá hai?

J.—Do qism ká, ek qáim aur dúsra uṛnewálá.

S.—Un aqsám ke nám kyá hain?

J.—Qáim khár hain Potash aur sajjí, aur dúsri qism hai uṛnewálá, jaisá Ammonia, yane nousádar aur Hart'shorn, yane hirnká sing.

Q.—What is an Alterative?

A.—A Medicine intended gradually and imperceptibly to improve the constitution in some of its functions without producing any sensible evacuation, by perspiration, purging, or vomiting.

Q.—Name some of the usual Medicines given as an Alterative?

A.—Small doses of Rhubarb, different mineral waters or imitations of them, small doses of Calomel or Blue Pill, Plummer's Pill, Sulphate of Iron, or Tincture of Steel.

Q.—What is an Anodyne?

A.—A medicine which relieves pain.

Q.—How are Anodynes divided?

A.—Into three kinds, Hypnotics, are those that induce sleep; Narcotics, those that give ease, by stupifying; Sedatives, those that diminish the rapidity of the circulation, or the activity of the general system.

Q.—Name some of the chief Anodynes?

A.—Opium, Henbane, Hemlock, Camphor, Foxglove, Tobacco, Stramonium and Hemp.

Q.—What is an Antacid?

A.—Any medicine which corrects acidity of the stomach.

Q.—Name some of the chief Antacids?

A.—The Alkalies Potash and Soda, and their subcarbonates dissolved in water; Ammonia, Limewater, Magnesia, and prepared Chalk.

Q.—What is an Antalkaline?

A.—That which possesses the power of neutralizing Alkalies; all the Acids are of this class.

Q.—What is an Anthelmintic?

A.—Remedies which possess the property of destroying worms, or expelling them from the intestinal canal.

Q.—How many kinds of Anthelmintics are there?

S.—Badan sudhárnewálí dawá kis ko kahte haiṇ ?

J.—Jo dawá is khásiyat ki banáí jáwe ki áhistá áhistá aur baghair mälúm hone əlamat ke báz súraton men tabiat ko fáida baksam, aur koí i᷍hráj bazáhir mälúm na howe, misl áne pasína yá dast yá radd.

S.—Chand adwiya badan sudhárnewalí jo aksar istamál men áái haiṇ, unká nám bayán karo ?

J.—Kam miqdár Rhubarb, yané rewand chíní aur báz qism kí kán ká pání yá misl úskí; kam miqdár Calomel, yané páreh ká kushta, yá Blue Pill; Plummer's Pill, Sulphate of Iron, yané Kasís, yá Tincture of Steel.

S.—Khwábáwar dawá kis ko kahte haiṇ ?

J.—Us dawá ko kahte haiṇ jo dard ko taskín baksam.

S.—Khwábáwar kai qism kí hotí haiṇ ?

J.—Tín qism kí ; Hypnotics, ki jisse nínd kí taraf tabiat rujú howe: Narcotics, ki jisse behoshí paidá hokar áram mälúm howé: Sedatives, jo ki harkat khún ko kam kare aur sáré jism kí chustí aur chálákí ko ghaṭáwe.

S.—Mashhúr in adwiya men se chand chízon ká nám bayán karo ?

J.—Afýún, Hyoscyamus, Hemlock, Kásfúr, Digitalis, Tambákú, Dhatúra aur Bhang.

S.—Tezáb kí tásír khonewálí dawá kisko kahte haiṇ ?

J.—Jo dawá kí turshí mede ko durust kare.

S.—Chand mashhúr tezáb kí tásír khonewálí dawáon ká nám lo ?

J.—Alkali Potash aur Soda, yané sajjí aur unké Sabcarbonates jab ki pání men ghuláe jáwen: Ammonia, yané nousádar, Limewater, yané chúnah ká pání: Magnesia, aur Prepared Chalk, yané sáf kí huí khariá miṭti.

S.—Khár kí tásír khonewálí dawá kisko kahte haiṇ ?

J.—Jo chíz khár ko beasar kare : tamám tursh chízen aisi qism kí haiṇ.

S.—Keñchwá márnewálí dawá kis ko kahte haiṇ ?

J.—Jo dawá kí khawás már dálne yá nikálne keñchwá ká antriyon men se rakhtí ho.

S.—Keñchwá márne wáli dawá kai qism kí hotí haiṇ ?

A.—Three kinds: some are intended to act mechanically, as the powder of Tin, or the Cowitch;—some act by their purgative quality, as Turpentine, Aloes, Rhubarb, Scammony, Jalap, and Calomel; and others act constitutionally, as the bitter tonics, such as the infusion of Rhubarb, Quassia, and Wormwood.

Q.—What is an Antiscorbutic?

A.—Medicines given to cure or prevent the land or sea scurvy.

Q.—Name some of the chief Antiscorbutics?

A.—Acid fruits, such as Lemons, Limes, Oranges, Citric Acid, Vinegar, Garlic, Mustard and Cress; raw Potatoes, and fermenting liquors, such as Spruce Beer and Cyder.

Q.—What is an Aromatic?

A.—A substance which has an agreeable spicy scent, and a pleasant pungent taste.

Q.—Name some of the principal Aromatics?

A.—Cloves, Nutmegs, Mace, Cinnamon, Pepper, Ginger, and the Essential Oils derived from various plants by distillation, as Oil of Rosemary, Lavender and Peppermint.

Q.—What is an Astringent?

A.—A substance that draws together or corrugates and contracts the parts of the body to which it is applied.

Q.—Name some of the chief Astringents in use?

A.—Alum, Catechu, Oak-bark, Logwood, Gall-nuts, Kino, Chalk, Iron, Lime-water, Carbonate of Lead, Diluted Acids, and Nitrate of Potash.

Q.—When should Astringents be given?

A.—They are useful in long continued laxity of the bowels, where there is no deficiency of the proper excrementitious matter, and where means have been taken to cure the original disease.

Q.—What is a Blister?

A.—That, which when put on the skin, raises the cuticle in the form of a vesicle, filled with a serous fluid.

Q.—Name some of the articles employed as a Blister?

J.—Tín qism, báz un men ká asr tárkib se hotá hai, maslan Powder of Tin, yané safíf qaláí, yá Cowitch: báz basabab rakhne khawás ishál ke, maslan Turpun Tel, Elwá, Rhubarb, yané rewand chíní, Scammony, yané Sakmuniya, Jalap, yané Jalápá, aur Calomel, yané páreh ká kushta: báz dawá bamuáfiqat tabiat ke fáida bakhstí hain, jaise talkh adwiya mukawwí; misl Khaisándah, rewand chíní, Quassia aur uisuntín-rúmí.

S.—Dáfá khárih dawá kis ko kahte hain ?

J.—Wuh dawáen ki wáste indifá aur insidád ázár Scurvy ke, jo samundar yá khushkí men láhaq howe mustámil hain.

S.—Mashhúr dáfa khárih dawáon men se báz chízon ká nám bayán karo ?

J.—Tursh asmár, misl nimbú, kághzí nimbú, rangtara, Citric acid, sirka, lahsan, ráí, aur hálim, kachchá aloo, aur joshida sharáb, jaisá Spruce Beer aur Cyder.

S.—Khushbúdár dawá kis ko kahte hain ?

J.—Jis shai men pasandídá masaledár khushbú átí ho, aur záiqa uská tez aur matbá howe.

S.—Mashhúr khushbúdár chízon men se báz ká nám bayán karo ?

J.—Loung, jácephal, jáwatrí, dárchíní, mirch, soñth aur aslí tel jo kaí daraqton ke poudon se ṭapká kar banáe játe hain, misl tel Rosemary, Lavender aur Podínah ká tel.

S.—Qábiz dawá kisko kahte hain ?

J.—Jo shai ki jab kisí chíz par lagáí jáwe, uske ajzá ko har taraf se khench kar jamá kare aur kam kare aur jhurryáñ dále.

S.—Mashhúr qábiz dawáon ká nám lo aur istamál ?

J.—Phiṭkirí, katthá, Oak-bark, yané chhál balút, sandal, májúphal, kíno, khariá, lohá, chúne ká pání, Carbonate of Lead, Diluted Acids, yané patlá tezáb, aur Nitrate of Potash, yáne shorah.

S.—Qábiz dawáci kab díjátí hain ?

J.—Us súrat men mufid hotí hain jab ki antaryáñ bahut árse se dhílí ho gaí hon, aur miuduh ghalíz kam na hotá ho, aur us hál men ki wáste rasá karne aslí marz ke tajwíj əmal men á chukí ho.

S.—Blister kis ko kahte hain ?

J.—Jo shai ki jism par lagáí jáwe aur usse phapholá paidá howe.

S.—Mashhúr chízen Blister lagáne kí men se nám lo ?

A.—A plaster composed of the Spanish or Telini fly, Mustard Poultices, boiling-water; and an ointment made of simple dressing and Tartar Emetic.

Q.—When are Blisters useful?

A.—In cases of Nervous Fever, where there is Delirium, Dimness of sight, Deafness, and great debility; in Apoplexy after blood-letting; in Palsy sometimes when applied to the part, sometimes at a distance. In Inflammation of the Lungs after sufficient bleeding, in various stages of Consumption, in obstinate coughs, in Asthma, Rheumatism, Indolent swellings of the joints.

Q.—In what cases are Blisters improper?

A.—In Dropsical habits, in which they sometimes give rise to ulceration and gangrene; in very irritable constitutions; and also in cases of gravel, or any disease of the urinary organs.

Q.—How long should a Blister generally remain on?

A.—In adults, twelve hours is the usual time, but in young children, one or two hours will generally be long enough.

Q.—How would you counteract the occasional bad effects of a Blister?

A.—If it produces strangury or bloody urine, make your patient drink copiously of mild diluent liquors, such as rice-water, barley-water, or gruel; to every pint of which, one drachm of salt-petre may be added, to increase the effect of dilution on the urinary organs. Should the surface of the Blister become ulcerated, dress it with Basilicon ointment for a few days, and then return to poultices and simple dressing.

Q.—What is a Cordial?

A.—Any medicine which possesses warm and stimulating properties, given with a view to excite the action of the heart and arteries.

Q.—In what cases are Cordials proper?

A.—In the advanced stages of Fever and other debilitating diseases; here wine or wine and water, diluted spirits, Compound Tincture of Bark, Tincture of Cinnamon, Tincture of Gentian, or the Aromatic Spirits of Ammonia; in cases of fainting, when Harts-horn, Æther, or Valerian may be given; after Surgical operations, or deliveries, when Brandy or Wine may be required, sometimes combined with a dose of Laudanum.

J.—Plaster bantá hai Spanish Fly yá Teliní makkhí sc, ráí kí lup-
rí, khoulta pání, aur marham se bantá hai; Simple Dressing jis men
Tartar Emetic miláyá játá hai.

S.—Blister kis marz ke liye mufid hai ?

J.—Jab ki Nervous Fever hotá hai, aur jab ki hizyán hotá hai,
kamí bínáí, bahrápan, aur balut zoutke; bich bímrí saktá píchhe
khún lene ke ; fálij men baz waqt jab lagáyá játá hai ek hisseh
par, aur baz waqt farq se. Bich bímrí sozish phepre ke bád káffí
fasd karne ke, mufarriq hálat sil ke, bich shadíd khánsí, damáh,
báí, aur álistgí warm joqoñ ke.

S.—Istamál Blister ká kis súrat men námunásib hai ?

J.—Bich bímrí jalandrí, jis men baz waqt Ulceration aur siran
paidá hotá hai; aur jis súrat men ki bímrí ká garm mizáj ho; aur
bhí bímrí pathrí men, yá koí bímrí pesháb kí men.

S.—Kitne árse tak Blister lagá rahná cháhiye ?

J.—Jawán ádmí ke liye bárah ghanṭe mämúl hai, aur laṛkon
khlurdsál ke wáste ek yá do ghanṭa aksar lagá rahná káfí hai.

S.—Jo Blister lagánc sc kabhí qabáhat yá kisí nau ká fasád
paidá ho to usko kistarah rasá karen ?

J.—Agar taqtír ho jáwe yá pesháb men khlún áne lage to bímrí
ko bahut halká, aur raqíq karnewálá pání piláyá jáwe, maslan
cháwal ká pání, áb jou, yá grucl, us pání ke harek ádhá scr men
ek dram shorah miláyá jáwe, táki ázár pesháb men narmí paidá
kare, aur agar Blister ke muqám par koí zaḥhm parjáwe, to usko
chand roz tak marham Basilicon lagáwéñ, aur bád iske khlúb lupré
lagá diyá kare, aur sáf karke báñdhen.

S.—Dilkushá dawá kisko kahte hain ?

J.—Jis dawá ká khawás garm aur mufarrahd ho, táki dil aur
shiryán kí harkat ko tezí baikhshé.

S.—Dilkushá dawá ká istamál kis súrat men cháhiye ?

J.—Tap kohnah aur əwáriz naqáhat paidá karnewálí men sharáb
yá pání aur sharáb, araqyát sharáb, Compound Tincture of Bark,
Tincture Dárhíní, Tincture of Genshian yá Aromatic Spirits of
Ammoniá; dar súrat láhaq hone ghash ke hirn ká síng, Æther yá
Valerian diyá jáwe ; bád iktitám kám járrahí ke, yá bád infarág
janne ke, jis súrat men ki zarúrat Brandy kí yá sharáb kí howe, to
bashamúl uske baz auqát ek matád Laudanum istamálkar sakte
hain.

Q.—What is an Antiseptic?

A.—A doubtful class of remedies as applied to the living body, they possess the power of preventing animal and vegetable substances from decomposing or becoming putrid, and of obviating putrifaction when already begun.

Q.—What are the chief Antiseptics usually employed ?

A.—Creasote, Charcoal Poultices, the Chlorides of Lime and Soda, Bark, Hops, and Vinegar.

Q.—What is an Antispasmodic ?

A.—Medicine given to relieve spasm, or irregular and painful actions of muscles or muscular fibres.

Q.—What are the chief Antispasmodics ?

A.—Ammonia, Assafætida, Camphor, Castor, Æther, Musk, Opium and Valerian.

Q.—What is a Carminative ?

A.—A Medicine that assists in the extrication and expulsion of wind from the intestines.

Q.—Name some of the common Carminatives ?

A.—Aniseed, Cardamums, Caraway seeds, and their essential oils: Ginger, and warm water clysters.

Q.—What is a Deobstruent ?

A.—Any Medicine which has the power of removing any obstruction in the body.

Q.—Name some of the common Deobstruents ?

A.—Blue Pills and the extract of Taraxacum, which often displays a remarkable power of removing hardness of the liver and other organs. The Hydriodate of Potash is also a valuable remedy in such cases.

Q.—What is a Digestive ?

A.—A term applied by the older surgeons to those substances, which, when placed on an ulcer or wound, were supposed to promote suppuration.

S.—Dáfā sozish dawáeñ kisko kahte hain?

J.—Jo shaí kí jism par lagái jáwe taki usse jism kí satah par sozish paidá ho, aur aur jagah se sozish rafā hojáwe; jaise ki Blis̄ter sínah par lagáne se phephre ke talí sozish rafā hojátí hai.

S.—Dáfā áfúnat dawáeñ kisko kahte hain?

J.—Jo dawáeñ mushtabah mutsawwar hon, unko dáfā áfúnat kahte hain; aur wuh dawáeñ haiwáni aur nabátatí ashýá ko galne aur sarne nahín detí hain, aur agar koi sarne shurú hogáí ho to usko ziyádah sarne se báz rakhtí hain.

S.—Mashhúr dawáeñ dáfā áfúnat kyá aksar istamál kí jatí hain?

J.—Creasote, koelá ká luprí, Chlorides of Lime aur Soda, Bark, Hops aur Sirká.

S.—Dáfā tashannuj dawá kisko kahte hain?

J.—Jis dawá se chabak aur harkat ke waqt jo pech o táb aur dard paṭṭhoñ aur paṭṭhoñ ke reshon men hotá ho rafā hojáwe us ko dáfā tashannuj kahte hain.

S.—Mashhúr dawáeñ dáfā tashannuj kon kon sí hain?

J.—Ammonia, yáne nousádar, híng, káfúr, Castor, Æther, mushk, afím aur Valerian.

S.—Dáfā rayáli dawá kyá hai?

J.—Jo dawá ki madad kartí hai hawá nikálne ko aṇtaryon men se.

S.—Mashhúr dawáeñ dáfā rayáh ká nám bayán karo?

J.—Sonf, iláchí, ajwáin, aur unke aslí tel: sonth, aur garm páni kí pichkári.

S.—Mufattah dawá kyá hai?

J.—Jo dawá ki kisí qism kí rukáwat ko ki jism men wáqa ho rafā kare.

S.—Mashhúr dawáoñ mufattah men se kisí ká nám lo?

J.—Blue Pill, Extract of Taraxacum, jo aksar sakháti jigar aur dígar ázá ke rafā karne men bahut táśir baķhsh hotá hai. Is amar men Hydriodate of Potash bahut khúb iláj mutsawwar huá hai.

S.—Pakáne wáli dawá kisko kahte hain?

J.—Jarráh sábiq un dawáoñ ko pakáne wáli kahte the ki jo bar-waqt pakáne ke upar dumbal yá zakhm ke usko ziyádah paká detí hain.

Q.—Name some of the articles employed as Digestives ?

A.—Elder Ointment, Resin, Cerate, warm fomentations and Poultices.

Q.—What is a Demulcent ?

A.—A Medicine or drink, of an oily or mucilaginous nature given to prevent the action of acrid or stimulating matters in the body.

Q.—What articles are usually employed as Demulcents ?

A.—Solutions of Gum Arabic or Gum Tragacanth, decoctions of Linseed, Marshmallows, Liquorice and Rice; Sweet Almond emulsion, Spermaceti, Isinglass and Wax.

Q.—What is a Detergent ?

A.—A Medicine supposed to have the power of cleansing ulcers, and removing such viscid humours as adhere to, and obstruct the vessels.

Q.—Name some of the articles employed as Detergents ?

A.—Honey and Borax, Oxymel, Liniment of Verdigris and a solution of the Sulphate of Copper.

Q.—What is a Diaphoretic ?

A.—Medicines which promote the perspiration gently, short of sweating, such as minute doses of Tartar Emetic; Sweet Spirits of Nitre; Spirits of Mindercris, saline effervescing draughts, small doses of Dover's Powder, or Ipecacuanha Powder; Camphor, Musk, and Opium, keeping the patient warm in bed, and making him drink freely of warm tea: linseed tea, gruel or rice-water is an effectual and safe method.

Q.—What is a Diluent ?

A.—Watery liquors which are believed to increase the fluidity of the blood, and to diminish the acrimony and viscidness of several of the secreted or excreted fluids.

Q.—What Diluents are usually employed ?

S.—Chand chízon ká nám bayán karo jo pakáne men istamál hotí hain ?

J.—Elder Ointment, Resin, Cerate, garm pání se senkná aur lupri lagáná.

S.—Tar karnewálí dawá kis ko kahte haiṇ ?

J.—Jo dawá ki noshídní yá chikní aur luábdár qism kí ho, rok detí ho mádah mufarrah aur talaķh ko jo jism men paidá ho usko rafā kare.

S.—Kon kon sí clízeṇ aksar batour tar karne wálí adwiyah ke istamál men hotí haiṇ ?

J.—Solutions of Gum Arabic yá Gum Tragacanth, joshándah alsí, yá Decoction of Linseed, Marshmallows, mulethí yáne Liquorice, aur cháwal; Emulsion bádám shírín, Spermaceti, Isinglass yáne machhlí kí ant ká sarcsh, aur mom.

S.—Zakhm sáf karnewálí dawá kis ko kalte haiṇ ?

J.—Jo dawá ki tásír safáí dumbal aur rasá karne luábdár mádah ká jo ragon men lagjátá hai aur unko band kardetá hai.

S.—Jo adwiyah ki batour zakhm sáf karnewálí mustámil haiṇ nám unká un riēn se bayán karo ?

J.—Shahd aur sohágá, Oxymel, Liniment of Verdigris yáne zungár ká, aur Solution of Sulphate of Copper yáne nílá thóthe ká.

S.—Pasíná lánewálí dawá kisko kahte haiṇ ?

J.—Jis dawá se ki áhiste áhiste pasíná ziyádah nikalne lage, magar bahut na nikle, maslan qalil miqdár Tartar Emetic, Sweet Spirits of Nitre, Liquor Ammonia Acetatis, namkín bulbule uṭhánewálá pání yáne Saline Effervescing Draughts, qalil mutad Dover's Powder kí, yá Ipecacuanha, safúf káfúr, mushk aur afím, garm rakhná bímár ko bistar men, aur usko garm cháh, alsí kí cháh, pích yá cháwal ká pání piláná bahut tásír baķsh hotá hai, aur is tajwíz se kuchh zarar nahíñ hotá.

S.—Raqíq karnewálí dawá kisko kahte haiṇ ?

J.—Pání ke muwáfiq bahnewálí chízeṇ jo khún kí riqqat ko ziyádah karen, aur talkhí aur luáb har qism ke sayál ká jo jism se nikalne aur khárij hone kí tásír rakhte haiṇ kam kare.

S.—Mashhúr dawáeṇ raqíq karnewálí jo aksar mustámil hotí haiṇ wuh kon kon hain ?

A.—Cold water; Almond emulsion, Linseed tea and rice-water.

Q.—What is a Discutient?

A.—Any substance which possesses the power of repelling or resolving tumours.

Q.—Name some of the articles usually employed as Discutients?

A.—Plasters composed of Ammoniacum with or without Mercury, Galbanum, Soap and Mercurial plaasters, and Mercurial liniments.

Q.—What is a Diuretic?

A.—A medicine which, when taken internally, increases the secretion by the kidneys, and by consequence the flow of urine.

Q.—What are the chief Diuretics?

A.—Cream of Tartar, Nitrate of Potash, Squills, Digitalis, Juniper, Copaiba, Cantharides, Muriate of Ammonia, Jalap and Elaterium.

Q.—What is the meaning of the word Drastic?

A.—It is applied to those medicines which are very violent in their action, as Elaterium and Gamboge, which are called Drastic Purgatives; and the Sulphates of Zinc and Copper and Tartar Emetic, which are called Drastic Emetics.

Q.—What is an Emetic?

A.—A medicine which has the power of evacuating the contents of the stomach, independent of their quantity or any nauseousness in their taste or odour.

Q.—How are Emetics divided?

A.—Into vegetable and mineral.

Q.—What are the chief vegetable Emetics?

A.—Ipecacuanha, Squills, powdered white mustard seeds, Infusion of Chamomile flowers, Tobacco and Asarabacca.

Q.—What are the chief Mineral Emetics?

A.—The Tartrate of Antimony, the Sulphates of Zinc and Copper, the Subacetate of Copper and Ammonia.

Q.—What is an Emmenagogue?

A.—Any medicine which possesses the power of promoting the monthly discharge by the Uterus.

Q.—How are Emmenagogues divided?

J.—Sard pání, Emulsion bádám ká, Linseed tea yáne alsí kí cháh, aur cháwal ká pání.

S.—Tahlíl karne wálí dawá kisko kahte haiṇ ?

J.—Jis shai men ki khawás dafá karne yá tahlíl karne warm ká hotá hai.

S.—Jo dawá ki aksar batour tahlíl istámál men átí haiṇ unká nám bayán karo ?

J.—Pláster bunne hooe Ammoniacum ke bashamúl yá biláshamúl símáb, Galbanum, Sábun, aur Plaster símáb aur Liniment símáb.

S.—Pesháb láne wálí dawá kisko kahte haiṇ ?

J.—Wuh dawá ki jiske píne se ratúbat jism baráh gurda judá howe, aur usse pesháb ziyádah rawán hojáwe.

S.—Mashhúr dawáen kon kon sí haiṇ ?

J.—Cream of Tartar, shorah, janglí piyáz, Digitalis, Juniper yáne saro kohí, Copaiba, Cantharides yá Teliní makkhí, Muriate of Ammonia, Jalap aur Elaterium.

S.—Kyá máne hai lafz Drastic ke ?

J.—Yeh hai un dawáon ke liye mustámil ki jinká asar bahut tez hotá hai, maslan Elaterium aur Gamboge, yih dawáen Drastic Purgative yánc mashal tez kahlátí haiṇ, aur Sulphates of Zinc aur Támbá, aur Tartar Emetic, yih dawáen Drastic Emetic, yane tez muqáá kahlátí haiṇ.

S.—Rad lánc wálí dawá kisko kahte haiṇ ?

J.—Jo dawá ki khawás sáf karne mawád medeh ká rakhtí hai bazaria qy ke aur miqdár dawá, aur uske bad záiqá, aur badbúdár hone se kuchh iláqa nahíń.

S.—Rad láne wálí dawáen kyunkar taqsím kí gaí haiṇ ?

J.—Darmiyán nabátátí aur khání ke.

S.—Mashhúr nabátátí qyáwar dawáen kon kon sí haiṇ ?

J.—Ipecacuanha, janglí piyáz, safúf safed ráí ká, Infusion of Chamomile Flowers, tambákoo aur Asarabacca.

S.—Mashhúr khání qyáwar dawáen, kon kon sí haiṇ ?

J.—Tartrate of Antimony, Sulphates of Zinc aur Copper yáne Támbá, Subacetate of Copper aur Ammonia.

S.—Haiz láne wálí dawá kis ko kahte haiṇ ?

J.—Jo dawá ki khawás ziyádah ikehráj máhí yáne haiz ká rakh-tí ho.

S.—Haizáwar dawáen kyunkar taqsím kí gaí haiṇ ?

A.—Into Stimulating, as Mercurial and Antimonial preparations: into Irritating as Aloes, Savine, and Spanish Flies: into Tonic, as the preparations of iron, the cold bath and exercise: into Antispasmodic, as Assafœtida, Castor, and warm foot baths.

Q.—What is an Emollient ?

A.—Any remedy, which when applied to the solids of the body, renders them more soft, lax, and flexible.

Q.—How are Emollients divided ?

A.—Into humectant, as warm water and tepid vapours ; into relaxing, as marshmallows and linseed; into lubricating, as bland oils, fat and lard; and into atonic, as opium and the foot bath.

Q.—What is an Emulsion ?

A.—A composition in which oils and oily fluids, or other substances which are not soluble in water, are suspended in water fluids, by means of viscid substances, such as mucilages or syrups.

Q.—What are the principal emulsions in use ?

A.—Sweet Almonds and Gum Arabic, Assafœtida, Gum Ammoniacum and Camphor.

Q.—What is an Enema ?

A.—A Clyster, a liquid or Gaseous form of Medicine thrown into the rectum, mostly for the purpose of emptying the bowels of Fœces.

Q.—Name some other uses of an Enema ?

A.—For relaxing the powers of the body, and producing fainting, as when the fumes of tobacco are sent into the rectum, in order to effect the reduction of a strangulated gut. For the purpose of killing worms in the rectum, as the Threadworm: for defending the bowels from the irritation of bile, or any acrimonious secretion: for restraining a Diarrhœa: for nourishing the body when food cannot be received or be kept in the stomach: for allaying spasms in the stomach, bowels, lungs, kidneys, or other parts.

Q.—What is an Epispastic ?

A.—Any substance which is capable, when applied to the surface of the body, of producing a thin serous fluid from the exhalants,

J.—Darmiyán mufarrah, jaise ki Mercurial aur Antimonial Preparations: darmiyán jalániwálí, jaisá kí Elwa, Savine aur Spanish Flies yáne Teliní makkhí: darmiyán muqawwí, maslan dáwén baní howen lohá ke, naháne ṭhandé pání se, aur chhal qadmí karná: darmiyán dáfá tashannuj ke, jaisá ki híng, Castor, aur garm pání se naháná.

S.—Mulayyan dawá kisko kahte hain ?

J.—Jo dawá kí jism ke saḥt ázá ko lagáí jáwe, aur usko narm mulayyan aur mutharrik karde. ☛

S.—Mulayyan dawáen kyunkar taqsím kí gaí hain ?

J.—Darmiyán martubí, jaise garm pání, aur bukhárát nímgaru; darmiyán ḍhílā karnewálí, jaise Marshmallows aur alsí; darmiyán chíkne, jaisá ki muláim tel, charbí, aur suar kí táí huí charbí; aur darmiyán atonic, jaise afím aur pashoya karná.

S.—Chikní dawá kisko kahte hain ?

J.—Dawá murakkab jis men tel aur chikní chízen, aur aisi chízon se jo pání men nahín galtí hain, aur jab kisi qism ke pání men ḍhálí jáwen, basabab luabdár hone ke pání men na milen balki uski satah par tair ke rahan, jaisá ki Mucilages yá Syrups.

S.—Mashhúr chikní dawáen kon kon se mustámil hain ?

J.—Badám snírin, Gum Arabic, híng, Gum Ammoniacum, aur kafur.

S.—Pichkári kí dawá kisko kahte hain ?

J.—Pichkári kí dawá raqíq yá roshan hawá kí qism kí dawá jo dubar yáne Rectum men díjatí hai, aksar wáste khálí karne antaryon ke baraz se uská istámál kíyá játá hai.

S.—Chand fawáyad dígar pichkári ke bayán karo ?

J.—Wáste ḍhilá karne táqat jismí ke, aur paidá karne behoshí ke, jaisá ki tumákoo kí dhúní dubar men dene se khuljáte hain, band ánt. Wáste már dálne kíron ke jo dubar men paidá hote hain, jaisá ki Threadworm kírá: wáste mahfúz rakhne antaryon ke pit kí tezí se, yá koí tezí mawád se: wáste rokne ishál ke: wáste tázgí jism ke jabki khurák mádah men nahín pahuṇchtí hai, surnahín ṭhahartí; wáste kam karne tashannuj, mádah, antaryon, phepre, gurdah, yá dígar azá ke.

S.—Jild ookhárnewálí dawá kisko kahte hain ?

J.—Koí shai jo istámál kí játá hai wáste jild ukhárne ke, jo jism ke satah par lagáí jáwe, to usse bukhár uṭakar khál ubhar jáwe, aur

which raises the cuticle and forms the appearance of a vesicle or blister, such as the vinegar of Spanish flies.

Q.—What is an Errhine ?

A.—Any substance applied to the internal membrane of the nose excites sneezing, and increases the secretion in it, as powdered Tobacco, Assarabaca, white Hellebore and Veratrine.

Q.—What is an Escharotic ?

A.—Any substance that has the power of destroying any portion of the body to which it is applied by the formation of a slough.

Q.—How are Escharotics divided ?

A.—Into Eroding, as blue vitriol and burnt alum, and into Caustic, as the Nitrate of Silver, Potassa fusa, and the mineral acids.

Q.—What is an Expectorant ?

A.—Any thing which increases the discharge of mucous from the lungs.

Q.—How are Expectorants divided ?

A.—Into Nauseating, Stimulating, Irritating, and Antispasmodic.

Q.—Give examples of each sort ?

A.—Nauseating, as Ipecacuanha, small doses of Tartar Emetic, Squills, Ammoniacum, and Garlic; Stimulating, as Horehound Irritating, as fumes of tobacco and acid vapours; Antispasmodic, as Blisters, warm baths and watery vapours.

Q.—What is a Febrifuge ?

A.—That which possesses the property of abating the violence of any fever.

Q.—Name some of the articles usually employed as a Febrifuge ?

A.—Quinine, the different kinds of Cinchona Bark, Kutkuleja, Narcotine, Antimony and Mercury.

Q.—What is a Gargle ?

A.—A wash for the mouth and throat.

Q.—How are Gargles divided ?

A.—Into Stimulating and Astringent, as the infusion of Roses, and diluted Sulphuric Acid, or the infusion of red pepper and vinegar,

bashakl áblah ke namúd howe, aur usmen patlá zard pání paidá howe, jaisá ki Spanish Fly ká sirká.

S.—Chhink láne wálí dawá kisko kahte hain?

J.—Jo shai ki andar nák ke lagái jáwe to usse chhink áwe, aur rezish ziyádah howe, jaisá ki písá huá tumákoo, Assarabaca, Kootkí sused aur Veratrine.

. S.—Kátnewálí zaḥhm kí dawá kisko kahte hain?

J.—Koí shai jo jism par lagái jáwe, aur us jagah se jism ko chhichrā karke galá de.

J.—Adwiya zaḥhm kátnewálí kyunkar taqsim kí gaí hain?

J.—Darmiyán Eroding, yane khánewálí gosht kí, jaisá ki nílá thothá aur phiṭkirí baryán, aur darmiyán Caustic, jaisá ki Nitrate of Silver, Potassa fusa, aur tezáb khání.

S.—Kaf dafa karnewálí dawá kisko kahte hain?

J.—Koí shaí ki jo i᷍hráj kaf ká phephre se ziyádah kare.

S.—Kaf dafa karnewálí dawá kyunkar taqsim kí gaí hain?

J.—Durmíyán jí machlánewálí, mufarrah, jalánewálí, aur dafa tashannuj.

S.—Harek qism ke misál do?

J.—Jí machlánewálí dawá, maslan Ipecacuanha, miqdár qalil Tar-tar Emetic, janglí piyáz, Ammoniacum, aur lahsan; mufarrah, adwiyáh jaisá ki Horehound; jalánewálí, maslan dhúní tumákoo aur bukhárat tezáb; dafa tashannuj, jaisá ki Blister, ghusl karná garm pání se, aur bukhárat pání ke.

S.—Dafa bukhár dawá kisko kahte hain?

J.—Jo dawá ki khawás kam karne shiddat bukhár ká rakhtí ho.

S.—Dafa bukhár dawáon men se jo aksar istamál men átí hain unká nám bayán karo? *

J.—Quinine, kái qism ke Cinchona Bark, kutkuleja, yane kar-runjhaw, Narcotine, Antimony aur párá.

S.—Gharghrah kí dawá kis ko kahte hain?

J.—Munh aur halaq ke dhone kí dawá ko kahte hain.

S.—Gharghrah kí dawáen kyunkar taqsim kí gaí hain?

J.—Darmiyán mufarrah aur qabiz, jaisi ki khisánda guláb, aur Diluted Sulphuric Acid, yáne patlá gandhak ká tezáb, yákhisánda lál

and into Mucilagenous and soothing, as rice water, barley water, or linseed tea.

Q.—What is an Hydragogue ?

A.—Any medicine which possesses the property of increasing the secretions or excretions of the body, so as to cause the removal of water from any of its cavities, such as the Cathartic purgatives, Elaterium, and Compound Jalap Powder.

Q.—What is an Irritant ?

A.—Any thing applied to the surface of the body causing irritating unpleasant sensation, with heat and redness, as Caustic or any of the mineral acids.

Q.—What is a Laxative ?

A.—A medicine which promotes a discharge from the bowels with considerable ease, without very copious discharge or pain during its operation, and without any general excitement of the system.

Q.—Give examples ?

A.—Manna, Castor oil, Sulphur, alone or combined with Cream of Tartar, Rochelle, and some other neutral salts.

Q.—What is a Lithontriptic ?

A.—Medicines supposed to have the power of dissolving stone in the bladder, or of removing a disposition in the body to the formation of a calculus, as the Carbonates of Magnesia and Potash, and the Liquor Potassæ.

Q.—What is an Opiate ?

A.—A medicine into whose composition Opium enters in some of its forms.

Q.—What is a Parturifacient ?

A.—That which taken internally, causing the expulsion of the Fœtus from the womb, as the Ergot of Rye.

Q.—What is a Purgative ?

A.—Any medicine which quickens or increases alvine evacuations.

Q.—Do Purgatives vary in the manner in which they produce their effects ?

A.—Yes; some act merely by exciting the muscular fibres of the intestines to increased peristaltic motion, and thus cause their contents to be more quickly and completely evacuated, as Jalap,

mirch ká aur sirká, aur darmiyán Mucilagenous yáne luábdár aur Soothing, yáne taskín denewálí, maslan pích, jou ká pání, yá cháh alsí kí.

S.—Patlá dast láne wálí dawá kis ko kahte hain ?

J.—Jo dawá ki jism se nikálne wálí Secretions yá Excretions mawád ko ziyádah kare, jaisa ki pání jism ká kisi rastá jism se khárij hotá rahe, maslan mushil, Elaterium aur Compound Jalap Powder.

S.—Jalánewálí dawá kisko kahte hain ?

J.—Koí shai ki upar jism ke lagáí jáwe us sabab se jalan nagáwár hiss, sáth garmí aur surkhí ke málum howe, jaisá Caustic yá koí tezáb khání.

S.—Peṭ narm karne wálí dawá kis ko kahte hain ?

J.—Jo dawá kí antryon meṇ se bahut ba-asání mawád ikráj kare, magar bahut kasrat se mawád khárij ne howe, aur us dawá kí tásir hone meṇ bahut tabiat ko dard ne málum howe, aur kisse nau kí tahrík tabiat par tahik ná howe.

S.—Is ke mísal do ?

J.—Manna, arandí ká tel, gandhak, tunhá yá milá huá sáth Cream of Tartar, Rochelle aur dígar Neutral Salts ke.

S.—Dafá sang masáná dawá kisko kahte hain ?

J.—Jin dawáon meṇ yeh quwwat samjhí játí hai ki sang másána ko galáwen, yá usse mailán paidá howe Calculus ká jism se rafá hojáwe, maslan Carbonates of Magnesia aur Potash, aur Liquor Potassæ.

S.—Khwábáwar dawá kisko kahte hain ?

J.—Jo dawá kisi qism kí uſim se murakkab howe bich báze aqsám uske ke.

S.—Musqit dawá kis ko kahte hain ?

J.—Jo dawá ke jism ke andar pahunchne se rahhm ke bachche ko khárij kare, maslan Ergot of Rye.*

S.—Dastáwur dawá kis ko kahte hain ?

J.—Jo dawá kí jaldí mawád ko khárij kare aur dast ziyádah láwe.

S.—Kyá koí taur se mushil ke tásir hotí hai ?

J.—Waqa meṇ kaí taur se mushil ke tásir hotí hai, baze mushil ke tásir is taur se hotí hai ki antryon ke puṭṭhon ke reshá usse khare hojáte hain aur wuh harkat Peristaltic hai, aur isí sabab se

Kaladana, Aloes, Scammony, Rhubarb and Colocynth ; some stimulate the mucous follicles and exhalants, so that a larger quantity of fluids than usual is excreted from the inner coat of the intestines, and thus the foecal evacuations are rendered more liquid and more copious, as the Sulphates of Magnesia and Soda, the Phosphate of Soda and Tartrate of Soda. Others so stimulate the neighbouring viscera as to occasion a more copious discharge of the Bile and Pancreatic liquor, as Calomel and Blue pill.

Q.—What is the meaning of a Drastic purgative ?

A.—Any purgative that acts in a very violent manner, as Croton Oil, Gamboge and Scammony.

Q.—What is a Refrigerant ?

A.—A medicine or application intended to diminish the morbid heat of the body.

Q.—Name some of the articles usually employed as Refrigerants ?

A.—Internally, Iced water, Vinegar, Lemon Juice, the Nitrate of Potash, Vegetable Acids, Tartaric Acid and Cream of Tartar; externally, Ice, cold water, Goulard wash, Vinegar, Muriate of Ammonia and Sugar of Lead.

Q.—What is a Repellant ?

A.—Any application which makes a disease recede from the surface of the body.

Q.—What is a Rubefacient ?

A.—Any substance employed to give to the skin a degree of irritation less than what is given by a blister.

Q.—Name a few Rubefacients commonly employed ?

A.—Hot water, Spirits of Wine, Acetic Acid, Solution of Ammonia, Tartrate of Antimony and Potash, and the Hydriodate of Potash.

Q.—What is a Sialogogue ?

A.—Any medicine which has the power of increasing the flow of saliva, such as the different preparations of Mercury, Squills, Nicotine and Pepper or Ginger.

Q.—What is a Stimulant ?

mawád unká jald aur bilkul sáf hojátá hai, maslan Jalap, Kalandáná, Elwa, Sukmooniyá, rewund chíní, aur Cocolynth; baze dawáen Mucous Follicles aur Exhalants kó mufarrah karte hain, kí usse khárij hone wálí muwád sriyál ho, banisbat mámulí ke antaryon ke andar se ziyádah nikalte hain, aur is sabab se dast ziyádah patle our ziyádah hojáte hain, maslan Sulphates of Magnesia aur Soda, Phosphate of Soda, aur Tartrate of Soda. Baz dawáen áspás ke mawád ko tárik kartí hain takí pit aur Pancreatic páni ziyádah aur baķhubí khárij ho jáwe, maslan Calomel aur Blue pill.

S.—Drastic Purgative se kyá murád hai ?

J.—Koí dawá mushilá ke bashiddat aur tezí se tásír kare, maslan jamálgoṭe ká tel, Gamboge aur Sukmooniyá.

S.—Dafá garmí kí dawá kisko kahte hain ?

J.—Jo dawá kí kháne yá lagáne se jism ke maraz kí garmí ko kam kare.

S.—Jo dawáen ki aise aksar istátmál men átí hain unká nám bayán karo ?

J.—Dawáen ki andar jism kí pahunčhái jáwen, jaise barf ká páni, Sirká, araq Limon ká, shorah, tezáb nabátatí, Tartaric Acid, aur Cream of Tartar; aur jo dawáen ki jism ke upar mustátmál hon, jaise barf, sard páni, Goulard páni, sirká, Muriate of Ammonia aur Sugar of Lead.

S.—Khárij karnewálí dawá kisko kahte hain ?

J.—Jis dawá ke lagáne se maraz jism ke satah se haṭ jáwe ?

S.—Surkh karnewálí badan kí dawá kisko kahte hain ?

J.—Jis dawá se ki jism ko Blister ki taklíf ki nísbat kam sozish pahunche.

S.—Jo dawáen surkh karne wálí badan ki aksar mustámil hain unká nám bayán karo ?

J.—Garm páni, Spirits of Wine, Acetic Acid, Solution of Ammonia, Tartrate of Antimony aur Potash, aur Hydriodate of Potash.

S.—Joshe dahan kí dawá kisko kahte hain ?

J.—Jo dawá ke munh kí rál ko ziyádah kare, maslan mukhtalif adwiya murakkab párá ke, janglí piyáz, Nicotine aur mirch yá sonth.

S.—Mufarrah adwiyah kisko kahte hain ?

Q.—What is a Stomachic ?

A.—A term commonly used to denote any medicine which is believed to be beneficial to the stomach, and to promote the powers of digestion.

Q.—What medicines are commonly given to act as Stomachics ?

A.—Rhubarb, Aloes, Myrrh, Pepper, Ginger and various condiments are often given.

Q.—What is a Styptic ?

A.—Any substance which possesses the power of stopping hæmorrhage.

Q.—Name some of the articles usually employed as Styptics ?

A.—Ice, Alum, Turpentine, and the Muriated Tincture of Iron.

Q.—What is a Sudorific ?

A.—Any medicine which increases the exhalation by the skin in such a quantity, that it appears on the surface in a liquid form.

Q.—How many kinds of Sudorifics are there ?

A.—Three, viz., those which promote sweat by stimulating the vessels of the skin, as external heat, friction, or medicines which taken into the circulation, exert their influence on the skin, as mercurial medicines and sulphur, or those which being applied to the stomach act on the skin by its sympathy with that organ, thus cold drinks sometimes prove powerful Sudorifics; second, those which increase the general action of the vascular system, as the warm bath, violent exercise, Alcohol, Ammonia and Guiacum; third, those which relax the construction of the perspiring vessels

J.—Adwiyat, yá dígar hálat men jinse mizáj kí quwwat ko harkat howe, yane usse andar jism ke riqqat howe yá jism ko harkat pahunche.

S.—Kyonkar mufarrah dawáen taqsím kí gaí hain ?

J.—Darmiyán qabil intishár, jaisá ki Alkali uqnewálí, Electri-city, yane jazb, aur garmí; darmiyán andarúní, jaisá kai qism ke ərq, sharáben, garm masálá, mushk, Castor, Ammonia, aur garm noshidní, jaisá cháh, pích, cháwal ká pání, yá shorbe; aur darmiyán adwiyah, jo muqám marz par lagáí jáwe, jaisá Spanish Flies, yáne Teliní makkí, Alcohol, Æther, Ammonia, Caustic, Creasote, nfluá thothá, Chloride of Zinc, Nitrate of Mercury, Arsenious Acid, yane tezáb sañkhiyá ká, aur tamám tezáb khání.

S.—Muqawwí miuduh dawá kisko kahte hain ?

J.—Jo dawá ki aksar is istiláh men mustamíl hain ki miuduh ke haq men mušíd hon, aur taqwíyat hazúmá ko ziyádah kare.

S.—Kon kon sí dawáen aksar muqawwí miuduh mustamíl hotí hai ?

J.—Rewand chíní, Elwa, murr, mirch, sonth aur mutfarriq qism ke masalah aksar diye játí hain.

S.—Khún band karnewálí dawá kisko kahte hain ?

J.—Jo dawá li khún ko band kare.

S.—Jo dawáen aksar wáste khún band karne ke müstamíl hotí hain unká nám bayán karo ?

J.—Barf, phiṭkírí, turpan tel, aur Muriated Tincture of Iron.

S.—Pasíná lánewalí dawá kisko kahte hain ?

J.—Jo dawá ki jism se is qadar bukhárát uṭháwe ki wuh bukhárát bashakl pání satah par jism ke namúdár howen.

S.—Pasíná lánewalí dawáen kai qism kí hotí hain ?

J.—Tín, awwal, jo ki jism kí ragoq ko tárik karke pasíná khárij karen, maslan báhar kí garmí, málísh, yá jo dawáen ki jism ke mawád siyál ke sáth shámil hokar jism ke post par tásír karen, maslan dawáen párah aur gandhak kí, yá jo adwiyah ki mādah par lagáí jáwen basabab muwáfqat yá miuduh post par tásír karen, maslan ḥandáieñ baz auqát pasíná láne men bahut muqawwí hote hain ; doyam, jo dawáen ki Vascular System, yane ragon kí harkat ko ziyádah karen, jaisá garm pání men ghusl karná, bahut mahnat, Alcohol, Ammonia aur Guiacum ; seyam, jo dawáen ki inqibáz raghá pasíná

as Antimontial preparations, the cold effusion and saline diaphoretics.

Q.—What is a Suppurative?

A.—Any thing which, when applied to the body, causes that morbid action by which pus is deposited in inflammatory tumours.

Q.—What is usually employed to cause Suppuration?

A.—Hot fomentations and poultices of different kinds, either medicated or not.

Q.—What is a Tonic?

A.—Any thing which increases the tone or strength of the muscular fibres.

Q.—How are Tonics divided?

A.—Into Alterative, Antispasmodic, Astringent, Bitter and Convulsive.

Q.—Name some of the Alterative Tonics?

A.—Sarsaparilla, Ununtamool, Guiacum, Mezerion, and Serpentine.

Q.—Name some of the Antispasmodic Tonics?

A.—Ammonia, Musk, Valerian, Assafœtida, Castor, Galbanum, and Meadow Saffron.

Q.—Name some of the Astringent Tonics?

A.—Cinchona Bark, Logwood, Oak Bark, Gallnuts, Pomegranate, Rhubarb, Catechu, Alum, Sugar of Lead, Sulphates of Copper and Zinc, Nitrate of Silver and Corrosive Sublimate.

Q.—Name some of the Bitter Tonics?

A.—Quinine, Gentian, Quassia, Chyryatta, the different kinds of Peruvian Bark, Chamomile flowers, Extract of Rusot, Iceland Moss and Wormwood.

Q.—Name some of the Convulsive Tonics?

A.—Assafœtida, Valerian, Galbanum, Nux Vomica, Arsenical Solution, Blue Pill, Calomel, and the preparations of Iron.

áwar ko khole, jaisá adwiyah murakkab Antimony ke, sard paní dál-ná aur namkín arq áwar.

S.—Píb paidá karnewálí dawá kisko kahte hain ?

J.—Jo dawá ki jism par lagái jáwe to usse aísí tásír paidá ho ki rádh warm muhraz men jamá hojáwe.

S.—Aksar kon kon sí chízen wáste pakáne ke kám men átí hain ?

J.—Garm síñken aur kaí qism kí luprín, khwá murakkab hon khwá ghair murakkab.

S.—Muqawwí dawá kisko kahte hain ?

J.—Jo dawá ki harkat aur táqat reshá puṭṭhon kí ziyádah kare.

S.—Adwiya muqawwí kis tarah par taqsím kí gaí hain ?

J.—Darmiyán Alterative; Atispasmodic, Astringent, Bitter aur Convulsive.

S.—Chand adwiya badan sudhárnewálí muqawwí men se unká nám bayán karo ?

J.—Ushbá, Ununtmúl, Guiacum, Mezerion, aur Serpentine.

S.—Chand adwiya dáfa tashannuj muqawwí men se unká bayán karo ?

J.—Ammonia, mushk, Valerian, híng, Castor, Galbanum, aur zaf-rán.

S.—Chand adwiya qábiz muqawwí men se unká nám bayán karo ?

J.—Cinchona Bark, sandal surkh, chhál balút, májúphal, anár, rewaud chíní, katthá, phitkirí, Sugar of Lead, Sulphates of Copper yane támba aur Zinc ká, Caustic aur raskupúr.

S.—Chand adwiya talkh muqawwí men se unká nám bayán karo ?

J.—Quinine, Gentian, Quassia, Chryyatta, kai qism ke Peruvian Bark, gul babúná, Extract of Rusot, Iceland Moss aur Uisuntín Rúmí.

S.—Chand adwiya Convulsive muqawwí men se unká nám bayán karo ?

J.—Híng, Valerian, yane Billí Loṭun, buríja, Nux Vomica, Sankhiá ká pání, Blue Pill, Calomel, yane pára ká kushtá, aur murakkabát lohe kí.

PART II.
ON THE
MATERIA MEDICA.

BA'B DOYAM.

DAR BAYA'N DAWA' SA'ZI'.

PART II.
ON THE
MATERIA MEDICA.



TABLE.

Regulating the ordinary proportion of doses according to the age of the patient.

1 For an adult,	1 drachm.
$\frac{2}{3}$ From 21 years to 14,	2 scruples.
$\frac{1}{2}$ From 14 years to 7,	$\frac{1}{2}$ drachm.
$\frac{1}{3}$ From 7 years to 4,	1 scruple.
$\frac{1}{4}$ From 4 years old,	15 grains.
$\frac{1}{5}$ From 3 years old,	10 grains.
$\frac{1}{6}$ From 2 years old,	8 grains.
$\frac{1}{7}$ From 1 year old,	5 grains.

Acetum Cantharides, or vinegar of Spanish Flies.

Use.—As an Epispastic, to make an extemporaneous Blister. It is not used internally.

Acetum Colchici, or vinegar of Meadow Saffron.

U.—As a Diuretic in Gout and Rheumatism.

Dose.—Half a drachm to one drachm, in any bland fluid.

Acetum Scillæ, or vinegar of Squills.

U.—Expectorant and Diuretic.

D.—Half a drachm to two drachms in any Aromatic distilled water.

Acetic Acid, or the Acidum Aceticum.

U.—Acetic Acid when diluted is refrigerant, and is given in Hæmorrhage, especially in cases where the Acetate of Lead has been given, as it increases the solution of that salt. Externally it is used as a lotion, which has lead in it.

Acidum Benzoicum, or Benzoic Acid.

BA'B DOYAM.

DAR BAYA'N DAWA' SA'ZI'.



NAQSHA.

Bábat məmūlī miqdár adwiyat bamújib umr bímár ke.

1	Hissa wáste báligh ke,	1 drachm.
½	Do suls az ikkís lagháyat chaudah sál, ..	2 scruples.
¼	Nisf az chaudah tá sút sál,	½ drachm.
⅓	Suls az haft sál tá chahár sál,	1 scruple.
⅔	Jo larká chahár sál ká ho, chaháram hissa, ..	15 grains.
⅕	Aur jo ba umr se sál ho, chaṭá hissa, ..	10 grains.
⅖	Aur jo ba umr do sál ho, áthwán hissa, ..	8 grains.
⅗	Aur jo ba umr ek sál ho, bárahwán hissa, ..	5 grains.

Acetum Cantharides, yané sirká Spanish Fly ká.

Fáidah.—Batour Epispastic, wáste jald banáne Blister ke yih dawá kám átí hai. Yih dawá pilái nahín játí.

Acetum Colchici, yané sirká zafrán midú ká.

F.—Yih dawá wáste idrár ke baárzah niqras aur gaṭhyá ke dete hain.

Miqdár.—Nisf drachm se ek drachm tak, kisí narm saiýál men díjáwe.

Acetum Scillæ, yané sirká janglí piyáz ká.

F.—Wáste kaf nikálne aur idrár pesháb ke dete hain.

M.—Nisf drachm se do drachm tak kisí khushbúdár tapkáe húe pání men díjáwe.

Acetic Acid, yá Acidum Aceticum.

F.—Jab yeh dawá pání men miláj jáwe tab tásír uskí sard hotí hai, aur Hœmorrhage, yané ijráe khún kí bímári men díjáti hai, khasús us súrat men jab ki Acetate of Lead díyá játa hai, iswáste ki yih dawá us súrat men us namak ko galá detí hai, ki jo murakkab shíshe se ho, báhar jism par lagáne se yih dawá bataur Lotion, yané gházah mustamil hotí hai.

Acidum Benzoicum, yané Benzoic Acid, lobán ká sat uráyá huá.

U.—Stimulant and expectorant, but seldom used except in making the Compound Tincture of Camphor or Paregoric Elixir.

Acidum Citricum, or Citric Acid.

U.—Refrigerant, combined with Potash or Ammonia.

D.—Ten grains to half a drachm.

Acidum Hydrochloricum, or Muriatic Acid.

U.—Internally it is seldom used except in cases of Scarlatina and Typhus Fever. Occasionally it is given as a Vermifuge, mixed in an Infusion of Quassia.

D.—Five to twenty minims three or four times a day.

Acidum Hydrocyanicum Dilutum, or Diluted Prussic Acid.

U.—Sedative, allaying pain, checking vomiting, and calming irritation of the intestines, given therefore in incipient Cholera, Colic, Gastric Inflammation, and in many Spasmodic diseases, especially Asthma.

D.—One to three drops, with a table spoonfull of sugar and water.

Acidum Nitricum, or Nitric Acid.

U.—It is seldom used internally, but externally it is sometimes as an Escharotic.

Acidum Nitricum Dilutum, or Nitric Acid Diluted.

U.—Antiphlogistic, Tonic, Diuretic and Lithontriptic, very useful in obstinate Syphilis and Chronic Inflammation of the Liver.

D.—Minims five to forty, three times a day.

Acidum Phosphoricum Dilutum, or Diluted Phosphoric Acid.

U.—Tonic, and given to correct those morbid states of the system in which a tendency exists to unusual depositions of Phosphate of Lime as in Exostosis, and to allay thirst in cases of Diabetes.

D.—Minims twenty to sixty, three times a day.

Acidum Sulphuricum Dilutum, or Diluted Sulphuric Acid.

F.—Yeh dawá muharrik aur kaf nikálnewálí bahut kam mustamíl hai, magar sirf wáste banáne Compound Tincture Camphor ke yá Paregoric Elixir ke kám átí hai.

Acidum Citricum, yáne Citric Acid, Limon ká ras jamayá húá.

F.—Sardí paidá kartá hai jab ki sajjí yá nousádar ke sáth ámez kíyá jáwe.

• *M.*—Das grain sc nisf drachm tak.

Acidum Hydrochloridum, yáne Muriatic Acid, namak ká tezáb.

F.—Yih dawá wáste píne ke bahut kám mustamíl hai, magar sirf bímári Scarlatina aur Typhus bukhár men píte hain. Kabhf kabhf wáste khárij karne kirm ke díjátí hai, aur Quassia, yáne taj ke khisándah men milákar usko píte hain.

M.—Pánch sc bíz minim, yáne qatrah tak ek din men tín chár martabah dete hain.

Acidum Hydrocyanicum Dilutum, yáne Diluted Prussic Acid.

F.—Wáste áram dene, aur kam karne dard ke, aur qai ko rafá karne, aur antaryon kí sozish mauqúf karne men mustamíl hotí hai, aur yih dawá bimári haizáh ke shuru men díjátí hai, aur baárzah qúling aur sozish peç ke, wa dígar mayor paidá karnewálí marzon ke díjátí hai, khasús baárzah zíqunnafs ke.

M.—Ek qatrah sc tín qatrah tak, bashámúl ek majhole chamche shakkár aur pání ke píte hain.

Acidum Nitricum, yáne Nitric Acid, tezáb shore ká.

F.—Is dawá ko andar jism ke bahut kam pahuncháte hain, magar kabhf kabhf báhar se wáste galáne jism ke istamál karte hain.

Acidum Nitricum Dilutum, yáne Diluted Nitric Acid.

F.—Dáfa sozish, aur muqawwí, medeh aur mudir, aur wáste galáne pathrí, baárzah Syphilis shadíd, aur darpáh sozish jigar ke mufíd hai.

M.—Pánch minim se chálís minim tak, tín martabah ek din men.

Acidum Phosphoricum Dilutum, yáne Diluted Phosphoric Acid.

F.—Wáste muqawwí karne medeh ke, aur wáste durust karne hálate bímári tabiat ke jismen ki bakasrat Phosphate of Lime badan men jamá hojátá hai dete hain, jaise ki baárzah Exostosis, aur nez wáste kam karne tishnagí bamarz Diabetes, yáne Ziyabatus.

M.—Bíz se sáth minim tak ek din men tín martabah.

Acidum Sulphuricum Dilutum, yáne Diluted Sulphuric Acid, gan-dhak ká patlá tezáb.

U.—Refrigerant, Antiseptic, Astringent, Tonic and Diuretic, useful in weakness and relaxation of the digestive organs, in Colliquative Sweats, and in internal Hæmorrhage.

D.—Minims ten to forty, three or four times a day.

Acidum Tartaricum, or Tartaric Acid.

U.—It is not much used alone, but is chiefly employed in making the effervescing powders, with Carbonate of Soda.

D.—Grains twenty-five to thirty.

Æther Sulphuricus, or Sulphuric Æther.

Use.—Stimulant and Antispasmodic, externally as a Refrigerant.

Dose.—Half a drachm to two drachms.

Spiritus Ætheris Nitrici, or Spirit of Nitric Æther.

U.—Refrigerant, Diuretic, Diaphoretic, Stimulant and Antispasmodic.

D.—Half a drachm to two drachms, several times a day.

Spiritus Ætheris Sulphurici Compositus, or Compound Spirit of Sulphuric Æther.

U.—Stimulant and Antispasmodic.

D.—Half a drachm to two drachms occasionally.

Aconitina.

Use.—Not given internally, but externally.

Does.—One grain mixed with one drachm of Lard, is very useful in Neuralgic affections.

Anarcotina.

U.—As a febrifuge in doses of one-third of a grain to half grain as a substitute for Quinine. In one grain doses, three times a day, it is a valuable Tonic, especially in convalescence after child-birth.

Ammonia Sesquicarbonas, or Sesquicarbonate of Ammonia.

F.—Sardí paidá kartá hai, jism ko sarne se baz rakhtá hai, aur qábiz aur muqawwí medeh aur mudir, aur wáste zauf aur sustí azái házmá ke mufíd hai, aur wáste Colliquative Sweats, yane un bímáriyon ke jin men pasíná bahut kasrat se nikáltá hai, aur wáste andarúní Hœmorrhage, yane ijráe khún ke bahut mufíd hai.

M.—Das se chálís minim tak, ek din men tím chár martabah díjáwe.

Acidum Tartaricum, yane Tartaric Acid.

F.—Yih dawá kabhí kabhí aláhidah díjátí hai, magar aksar Carbonate Soda ke sáth safúf banáte hain, jis safúf ke pání men dálne se pání ubaltá hai.

M.—Pachchís grain se tís grain tak.

Æther Sulphuricus, yane Sulphuric Æther.

Fáidah.—Muharrík aur Antispasmodic, yane dáfai tashannuj, aur báhar lagáne se tásír uskí bárid hai.

Miqdár.—Nisf drachm se do drachm tak.

Spiritus Ætheris Nitrici, yane Spirit Nitric Æther ká.

F.—Bárid, aur mudir, aur muárriq, aur muharrik aur dáfai tashannuj.

M.—Nisf drachm se do drachm tak, kái martabah ek din men.

Spiritus Ætheris Sulphurici Compositus, yane Compound Spirit Sulphuric Æther ká.

F.—Muharrík aur dáfai tashannuj.

M.—Nisf drachm se do drachm tak kabhí kabhí.

Aconitina.

Fáidah.—Andar jism ke usko nahín pahuncháte, magar báhar jism par lagáte hain.

Miqdár.—Ek grain Aconitina ká bashámul ek drachm charbí ke, wáste marz Neuralgic ke bahut mufíd hai.

Anarcotine.

F.—Dáfá bukhár hai, miqdár uská ek suls grain se nisf grain tak hai, báiwaz Quinine ke diyá játá hai. Bamiqdár ek grain tím martabah ek din men diyá jáwe, medeh kí quwwat baikhshne men, khasúsan bád sihat ke ki bád janne ke hotí hai, bahut umdah dawá hai.

Ammonia Sesquicarbonas, yane Sesquicarbonate Ammonia ká.

U.—Stimulant, Antispasmodic, Diaphoretic, powerful Antacid, and in large doses Emetic.

D.—Five grains to twenty, but if as an Emetic thirty grains.

Brucine, or the Sulphate of Brucine.

U.—A most powerful convulsive Tonic in Paralytic affections; If an overdose should be accidentally taken, an immediate vomit is the only remedy.

D.—Half grain to one grain, three times a day.

Liquor Ammonie, or Solution of Ammonia.

U.—Stimulant, Rubefacient and Antacid.

D.—Ten to thirty minims, two or three times a day.

Liquor Ammoniae Acetatis, or Solution of the Acetate of Ammonia, also called Spirit of Mindererus.

U.—Internally Diaphoretic and Diuretic, Externally Refrigerant.

D.—One drachm to an ounce, every three or four hours.

Liquor Ammoniae Sesquicarbonatis, or Solution of Sesquicarbonate of Ammonia.

U.—Stimulant, Diaphoretic and Antispasmodic; should be given in milk or any bland fluid.

D.—Half a drachm to two drachms.

Morphiae Acetas, or Acetate of Morphia.

U.—Sedative and Antispasmodic.

D.—Quarter of a grain to one grain.

Morphiae Hydrochloris, or Muriate of Morphia.

U.—A powerful Sedative and Antispasmodic.

D.—Quarter grain to one grain, gradually increased to two or three grains.

Muriate of Ammonia, or Sal Ammoniac.

U.—Not given internally; a lotion composed of one part of Muriate of Ammonia, dissolved in twenty-four parts of Spirits of Wine, and the same quantity of distilled vinegar, is much used as an external application to bruised parts and indolent tumours; acting as a Refrigerant.

F.—Muharrik, aur dafai tashannuj, aur muarriq, aur wáste rafa karne Antacid ke bahut qawwí hai, aur agar ziyádah miqdár is dawá ká istamál kiyá jáwe to qaiawar hai.

M.—Pánch grain se bíz grain tak, magar wáste láne qai ke tís grain.

Brucine, yané Sulphate Brucine ká.

F.—Baárzah fálij wáste quwwat dene medeh ke bahut qawwí ainqhnewálí dawá hai. Agar miqdár muayan se koí shakhs ittafá-qan ziyádah Brucine khá lewe, filfour istafirágħ karáná jald dafayah uská tajwíz huá hai.

M.—Nisf grain se ek grain tak, ek din men tím martabah.

Liquor Ammoniae, yané Solution Ammonia ká.

F.—Muharrik, Rubefacient, yané lál karnewálá aur Antacid.

M.—Das minim se tís minim tak, do yá tím martabah ek din men.

Liquor Ammoniae Acetatis, yané Solution Acetate Ammonia ká, aur isko Spirit Mindererus kábhí kahte hain.

F.—Agar andar jism ke pahunche to mudir aur muarriq, aur jo úpar jism ke mustāmil ho to bárid hai.

M.—Ek drachm se ek ounce tak, har tísre chautha ghanṭe men istamál uská kiyá jáwe.

Liquor Ammoniae Sesquicarbonatis, yané Solution Sesquicarbonate Ammonia ká.

F.—Muharrik, aur mudir aur dáfai tashannuj; yih dawá dúdh ke sáth yá dígar muláim saiylí ke sath díjáwe.

M.—Nisf drachm se do drachm tak.

Morphiae Acetas, yané Acetate Morphia ká.

F.—A'sáish dihandah aur dáfai tashannuj.

M.—Chaháram grain se ek grain tak.

Morphiae Hydrochloris, yané Muriate Morphia ká.

F.—Niháyat dard mauqúf karnewálá, aur dáfai tashannuj.

M.—Chaháram grain se ek grain tak, batadrij do yá tím grain tak barháyá jáwe.

Muriate of Ammonia, yá Sál Ammoniac.

F.—Andar jism ke nahín mustāmil hotí; ek lotion, yané gházah uská ki usmen ek hissah Muriate of Ammonia, aur chaubís hissah Spirits of Wine, our usí qadar tapkáyá húá sirká miláyá jáwe, waste lagáne zakhm aur choṭ yá phore ke ki bahut arse tak qásim ho bahut mufid hai; táṣir uskí bárid hai.

Quinine Disulphas, or Disulphate of Quinine.

U.—A powerful febrifuge, and an excellent Tonic. This medicine should only be given in intermitting fevers, when the skin is moist, head cool, and the bowels well open.

D.—One to five grains, three or four times a day.

Strychnia, or Strychnine.

U.—In doses of one-eighth of a grain given internally in Paralysis, externally it is used as an ointment in Amaurosis.

Veratrica, or Veratrine.

U.—It is supposed to increase all the secretions, and has been given in Gout and Rheumatism. Externally, it is a very useful application in Nervous affections, by mixing five grains in four drachms of Lard, and rubbing it into the part affected, a portion the size of a large pea, thrice times a day.

Cataplasma Conii, or Poultice of Hemlock.

U.—Applied as a Sedative to irritable sores, and Scrophulous Glandular swellings.

Cataplasma Coronilla, or Poultice of the Nutiya leaf.

U.—A common Emollient application.

Cataplasma Daturæ, or Datura Poultice.

U.—A good Narcotic Poultice to inflamed tumours and to external but not internal piles.

Cataplasma Fermenti, or Poultice of Yeast.

U.—Applied to fetid and sloughing sores.

Cataplasma Lal-Chitra, or Poultice of Lal-Chitra.

U.—A powerful, cheap and excellent Blister, made by bruising the bark, and applied to Buboes in their incipient state.

Cataplasma Lini, or Linseed Poultice.

U.—A useful Emollient application.

Cataplasma Nim, or Poultice of Nim leaf.

Quinine Disulphas, yane Disulphate Quinine ká.

F.—Bukhár ke dafa karne men bahut qawwí, aur medeh kí qawwat dene men bahut mufid hai. Yeh dawá sirf baárzah bukhár bárí ke istamál kíjáwe, us súrat men jab ki jism tar, aur thandá, aur antaryán baikhúbí kushádah howen.

M.—Ek grain se pánch grain tak, ek din men tím chár martabah.

• *Strychnia*, yane Strychnine.

F.—Baárzah fálij bamiqdár áthwen̄ hissah ek grain ke andar jisun ke istamál kíjáwe; aur baárzah Amarosis, yane zaháb ulbasar bataur marham lagái jáwe.

Veratrinia, yane Varatrinc.

F.—Mashhúr hai ki yih dawá khárij honewálc aur iláhidah honewále ajsám se saiyl ko ziyádah kartí hai, aur baárzah niqras aur gaثhíyá mustamil hotí hai. Báhar lagáne men ragon ke árzah men yih dawá bamiqdár pánch grain, chahár drachm charbí men, milákar jis muqám par taklíf ho, us muqám par lagái jáwe, aur usse málish kíjáwe, bahut mufid hotí hai, miqdár dáneh kalán maṭar ke, ek din men tím martabah istamál is dawá ká kiyájáwe.

Cataplasma Conii, yane Poultice Hemlock ká.

Fáidah.—Wáste áram dene phore ke ki jismen̄ sozish ho, aur warm kaṭhle ke ki baárzah kanṭhmálá labaq ho, mufid hai.

Cataplasma Coronilla, yane Poultice barg Nutiya ká.

F.—Umúman wáste mulayyan karne ke mustamil hai.

Cataplasma Daturæ, yane Poultice Datura ká.

F.—Achchá Narcotic, yane sun karnewálá Poultice hai, us phore men ki jismen̄ sozish ho aur bawásir berúní par lagáyá játá hai, magar bawásíri andarúní par nahín lagáyá játá.

Cataplasma Fermenti, yane Poultice khámír ká.

F.—Yih Poultice fœtid, yane badbú aur chhichredár gháon men lagáyá játá hai.

Cataplasma Lal-Chitra, yane Poultice Lal-Chitra ká.

F.—Bahut qawwí, aur arzán aur umdah Blister hai, bark ko kuchalkar banáte hain, aur bad par ibtidá men lagáyá játá hai.

Cataplasma Lini, yane Poultice alsí ká.

F.—Yih Poultice wáste mulayyan karne ke mustamil hai.

Cataplasma Nim, yane Poultice barg Ním ká.

U.—A useful application in swelled Testicles and to foul indolent ulcers.

Cataplasma Orissa Arum, or Ghet Kuchoo Poultice.

U.—Stimulant, Rubefacient and Counter-irritant; applied to indolent tumours and Buboes.

Cataplasma Sinapis, or Mustard Poultice.

U.—Stimulant and Rubefacient; applied spread on cloth to the soles of the feet in the low stage of Typhus Fever, when Stupor or Delirium is present, also in Coma and Apoplexy, and in other cases in which there is a great determination to the head.

Ceratum Calaminae, or Cerate of Calamine.

U.—Useful in excoriations and Ulcers, and to burns after the inflammation has subsided.

Ceratum Cantharides, or Cerate of Spanish Flies.

U.—After a Blister has been applied, this Cerate is used to keep up the discharge.

Ceratum Cetacei, or Spermaceti Cerate.

U.—A soft cooling dressing for Blisters.

Ceratum Hydrargyrum Compositum, or Compound Cerate of Mercury.

U.—To promote the dispersion of indolent tumours.

Ceratum Plumbi Acetatis, or Cerate of the Acetate of Lead.

U.—A cooling dressing in cases of burns and excoriations.

Ceratum Plumbi Compositum, or Compound Cerate of Lead, commonly called "Goulard Cerate."

U.—The same as the last article, also a very useful application to the edges of the eyelids in Chronic Ophthalmia.

Ceratum Resinæ, or Resin Cerate, commonly called Yellow Basilicon.

U.—An excellent application to foul and indolent Ulcers.

F.—Wáste lagáne warm fotah aur násúr puráne ke mufíd hai.

Cataplasma Orissa Arum, yané Ghet Kachú ká Poultice.

F.—Muharrik, aur lál karnewálá, aur dáfai sozish hai; kohnah, warm ázá, aur Buboes, yané badon par lagáyá játá hai.

Cataplasma Sinapis, yané Poultice ráí ká.

. *F.*—Muharrik aur lál karnewálá hai; yih Poultice kapre par lagá kar pánw ke talwah par baárzah Typhus bukhár ke lagáyá jáwe, jab ki harkat nabz kí kam hotí jác, aur jab ki behoshí aur hisyán wáqá ho, aur níz baárzah Coma, yané bilkul behoshí aur saktah ke, aur dígar áwáriz ki jismen khum dimágh ke taraf bakasrat rujú kare bahut mufíd hai.

Ceratum Calaminæ, yané marham Calamine ká.

Fáidah.—Wáste lagáne khárásh aur násúr ke mufíd hai, aur ág se jale hué ázá ko bäd kam hone Inflammation, yané sozish ke fáidah kartá hai.

Ceratum Cantharides, yané marham makkhí Spain ká.

F.—Bäd lagáne Blister ke yih marham wáste ijrác mawád ke lagáyá játá hai.

Ceratum Cetacei, yané Spermaceti ká marham.

F.—Wáste Blister ke yih marham þandak karnewálá aur mulayyan karnewálá hai.

Ceratum Hydrargyrum Compositum, yané murakkab marham páre ká.

F.—Wáste jald tahlíl karne warm kohnah ke mustámil hai.

Ceratum Plumbi Acetatis, yané Cerate Acetate shíshah ká.

F.—Thandá marham bích hálaton jaljáne aur khál udharjáne ke mustámil hai.

Ceratum Plumbi Compositum, yané murakkab marham shíshah ká, ki aksar usko marham i Goulard kahte hain.

F.—Misl marham mundarjai bálá ke tá sír kartá hai, aur níz wáste lagáne kinárah palkon ke baárzah kohnah Ophthalmia ke mufíd hai.

Ceratum Resinæ, yané marham rál kí, jisko aksar Basilicon kahte hain.

Fáidah.—Wáste rím, nák aur puráne násúr ki umdah iláj hai

Ceratum Sabinæ, or Savine Cerate.

U.—Applied to keep up the discharge from a blistered surface.

Ceratum Saponis, or Soap Cerate.

U.—Employed as a cooling dressing.

Ceratum Telini, or Cerate of Telini Flies.

U.—The same as the Ceratum Cantharides. It is made from the spotted Telini Fly, six drachms of the powdered Fly to six ounces of the Ceratum Cetacei.

Confectio Amygdalæ, or Almond Confection.

U.—For making the Almond Emulsion; it is Demulcent and Diluent.

Confectio Aromatica, or Aromatic Confection.

U.—Stimulant and Cordial.

D.—Twenty grains to one drachm or more.

Confectio Aurantii, or Orange Confection.

U.—To assist in making up Stimulating and Carminative Pills.

Confectio Cassiae, or Confection of Cassia.

U.—A laxative purgative.

D.—Two drachms to an ounce.

Confectio Opii, or Confection of Opium.

U.—Narcotic and Stimulant.

D.—Ten grains to thirty.

Confectio Opii cum Catechu, or Confection of Opium and Catechu.

U.—Sedative and Astringent.

D.—One scruple to one drachm.

Confectio Piperis Nigri, or Confection of Black Pepper.

U.—Externally to piles, when there is no inflammation.

Confectio Rosæ Caninæ, or Confection of Dog Rose.

U.—To assist in making up Powders into Pills.

Confectio Rosæ Gallicæ, or Confection of Red Rose.

U.—The same as the last article.

Confectio Ruteæ, or Confection of Rue.

U.—As an Antispasmodic in Enemas.

Ceratum Sabinæ, yané marham Savine ká.

F.—Wáste ijráe mawád ke Blister ke muqám se yih marham lagáté hain.

Ceratum Saponis, yané marham sábun ká.

F.—Yih marham wáste ḥandak ke lagáyá játá hai.

Ceratum Telini, yané marham Teliní makkhí ká.

. F.—Iskí tásír misl tásír Ceratum Cantharides ke hai, aur dágħ-dár Teliní makkhí se banáyá játá hai, písue chhah drachm aur chhah once marham Cetacci se murakkab hotá hai.

Confectio Amygdalæ, yané halwá bádám ká.

Fáidah.—Wáste banáne Emulsion bádám ke mustamíl hai, tásír uskí yih hai ki mulayyan aur tar kartá hai.

Confectio Aromatica, yané khushbúdár halwá.

F.—Muharrik aur mufarrah.

Miqdár.—Bis grain se ek drachm tak yá ziyádah azín.

Confectio Aurantii, yané sangtrah ká halwá.

F.—Muharrik aur dáfai riyáh goliyán uske zariyah sc banáte hain.

Confectio Cassiae, yané halwá taj ká.

F.—Mulayyan aur mushil.

M.—Do drachm sc ek ounce tak.

Confectio Opii, yané halwá afyún ká.

F.—Muskir aur muharrik.

M.—Das grain sc tís grain tak.

Confectio Opii cum Catechu, yané halwá afyún aur katthe ká.

F.—Taskín dihandah aur qábiz.

M.—Ek scruple se ek drachm tak.

Confectio Piperis Nigri, yané Confection siyáh mirch ká.

F.—Dar súrat nahone sozish ke yih dawá úpar bawásír ke lagájai hai báhar kí taraf.

Confectio Rosæ Caninæ, yané Confection Dog Rose ká.

F.—Uske zariyah se safúf kí golí banájati hai.

Confectio Rosæ Gallicæ, yané halwá guláb surkh ká.

F.—Iskí tásír misl tásír dawáe mazkúrah bálá hai.

Confectio Rutæ, yané halwá sudáb ká.

F.—Enema, yané adwiya pichkári men tásír uskí Antispasmodic yane dáfai tashannuj hai,

Confectio Scammonii, or Confection of Scammony.

U.—A Stimulating Cathartic.

D.—Half a drachm to one ounce.

Confectio Sennæ, or Confection of Senna.

U.—A laxative Aperient.

D.—Two drachms to one ounce.

Decoction Aloes Compositum, or Compound Decoction of Aloes.

U.—Mildly Cathartic and Tonic.

D.—Four drachms to one ounce.

Decoction Amyli, or Decoction of Starch.

U.—A Demulcent. It is also uscd as a vehicle for administering active medicines in Enemas.

Decoction Cetrariae, or Decoction of Liverwort.

U.—Mucilagenous and bitter, given in cases of Debility, Consumption, and in disorders requiring Nutritive Tonics.

D.—One ounce to four ounces.

Decoction Chimaphilæ, or Decoction of Winter Green or Pyrola.

U.—Diuretic, given in Dropsy and affections of the Urinary Organs.

D.—One ounce to one ounce and a half, two or three times a day.

Decoction Cinchonæ cordifoliae, or Decoction of Heart-leaved Cinchona.

Decoction Cinchonæ lancifoliae, or Decoction of Lance-leaved Cinchona.

Decoction Cinchonæ oblongifoliae, or Decoction of Oblong-leaved Cinchona.

U.—Febrifuge and Tonic.

D.—One ounce to three ounces, two or three times a day.

Decoction Cydoniae, or Decoction of Quince Seeds.

U.—Demulcent. Externally it is employed in Erysipelas, and Aphous affections of the mouth.

Decoction Dulcamara, or Decoction of Woody Nightshade.

U.—Diuretic and Narcotic, given with some Aromatic.

Confectio Scammoniae, yanç Saqmúnia ká halwá.

F.—Muharrik aur mushil.

M.—Nisf drachm se ek ounce tak.

Confectio Sennae, yanç Senna ká halwá.

F.—Mulayyan aur dastáwar.

M.—Do drachm se ek ounce tak.

Decoctum Aloes Compositum, yanç murakkab joshándah sibr ká.

F.—Mátdil mushil aur muqawwí medch.

M.—Chahár drachm se ek ounce tak.

Decoctum Amyli, yanç joshándah Starch, yanç nishástal ká.

F.—Demulcent, yanç tar karnewálá hai. Enema, yanç pichkárf men zariyah andar jism ke pahúñcháne tez dawá ká hotá hai.

Decoctum Cetrariae, yanç joshándah Liverwort ká.

F.—Mucilagenous, yanç luábdár aur talkh hai, dar súrat záf aur baárzahi sil mustamil hotá hai, aur níz aise marzoñ men ki jismen adwiyat muqawwí medch darkár hon, istamál iská kiyá játá hai.

M.—Ek ounce se chahár ounce tak.

Decoctum Chimaphilæ, yanç joshándah Wintergreen, yá Pyrola ká.

F.—Mudir hai, aur baárzah istasqua aur amraz ázai pesháb ke mustamil hotá hai.

M.—Ek ounce se deh ounce tak, do yá tín martabah ek din men.

Decoctum Cinchonæ cordifoliae, yanç joshándah Heart-leaved Cinchona ká.

Decoctum Cinchonæ lancifoliae, yanç joshándah Lance-leaved Cinchona ká.

Decoctum Cinchonæ oblongifoliae, yanç joshándah Oblong-leaved Cinchona ká.

F.—Dáfai bukhár aur muqawwí medeh.

M.—Ek ounce se tín ounce tak, do yá tín martabah ek din men.

Decoctum Cydoniae, yanç joshándah bihídáná.

F.—Demulcent, yanç tar karnewálá hai, aur yih dawá báhar jism par darsúrat Erysipelas, aur baárzah chhálon munh ke lagáyá játá hai.

Decoctum Dulcamara, yanç joshándah Woody Nightshade ká.

F.—Mudir aur muskir hai, khushbúyát, yanç Aromatic ke sáth mustamil hotá hai.

D.—Four drachms to one ounce, three times a day.

Decoction Granati, or Decoction of Pomegranate.

U.—Astringent, given in Chronic Dysentery and Tape Worm.

D.—Four drachms to an ounce, two or three times a day.

Decoction of Gulancha.

U.—A bitter Tonic and Alterative.

D.—One ounce, three times a day with honey,

Decoction Hordei Compositum, or Compound Decoction of barley.

U.—Demulcent, given in Fevers, Consumption, Gonorrhœa and Strangury, in any quantity.

Decoction of Ispaghool.

U.—Demulcent, given in Dysentery.

Decoction Lichenis Zeylanici, or Decoction of Ceylon Moss.

U.—Mucilagenous and Demulcent, an excellent article of light food for children and convalescents.

Decoction Malvae Compositum, or Compound Decoction of Marshmallow.

U.—As a fomentation and in Enemas.

Decoction Papaveris, or Decoction of Poppyheads.

U.—A sedative fomentation for painful swellings and excoriations.

Decoction Quercus, or Decoction of Oak Bark.

U.—As an astringent, Gargle, Infection, or Lotion.

Decoction of Rice, or *Oryzæ*.

D.—Demulcent, given in very large quantities, also in Enemas.

Decoction of Rohun.

U.—A valuable astringent wash for Gargles, Vaginal Injections and Enemas. It is a good substitute for the Decoction of Oak Bark.

M.—Chahár drachm se ek ounce tak, tím martabah ek din men.

Decoctionum Granati, yané joshándah anár ká.

F.—Qábiz, baárzah purání pechish aur pet ke kíron ke mustamil hai.

M.—Chahár drachm se ek ounce tak, do yá tím martabah ek din men.

Decoction of Gulancha, yané joshándah Gulancha ká.

F.—Talkh aur muqawwí medeh aur Alterative, yané tartíb dihandah hai.

M.—Ek ounce, ek din men tím martabah shahad ke sáth istamál karte hain.

Decoctionum Hordei Compositum, yané murakkab joshándah jau ká.

F.—Demulcent, yané tar karnewálá hai, aur har qism ke bukhár, aur marzi sil aur Gonorrhœa, yané suzák aur taqtír ulbúl ke mustamil hai, kuchh miqdár uskí muaiyan nahín.

Decoction of Ispaghool, yané joshándah Ispaghool ká.

F.—Mulayyan hai, baárzah Dysentery yané pechish men diyá játá hai.

Decoctionum Lichenis Zeylenici, yané joshándah Ceylon Moss ká.

F.—Mucilagenous, yané luábdár, Demulcent, yané tar karnewálá hai, wáste larkon ke, aur sihat pánewálon ke bataur khurák latíf ke mustamil hotá hai.

Decoctionum Malvae Compositum, yané murakkab joshándah Marsh-mallow, yané khatmí ká.

F.—Senk aur pichkári men kám átá hai.

Decoctionum Papaveris, yané joshándah post ká.

F.—Warm taklíf dihandah aur kharásh men, is dawá kí senk bahut áram detí hai.

Decoctionum Quercus, yané joshándah chhlál balút ká.

F.—Qábiz hai, aur gharárah, aur pichkári, aur Lotion, yané gházah men kam átá hai.

Decoction of Rice, yá Oryzæ, yané joshándah cháwal ká.

F.—Mulayyan hai, aur bakasrat iská istamál karte hain, aur pichkári men bhí kám átá hai.

Decoctionum Rohuni, yané joshándah Rohun ká.

F.—Bahut umdah qábiz dawá wáste gharárah, aur Vaginal Injections, yané pichkári rihm aur huqráh ke hai. Wáste Decoction chhlál balút ke yiḥ dawá bahtar badal ho saktí hai.

Decoction Sarsæ, or Decoction of Sarsaparilla.

U.—Alterative and Demulcent.

D.—Four to eight ounces, three or four times a day.

Decoction Sarsæ Compositum, or Compound Decoction of Sarsaparilla.

U.—Diaphoretic and Alterative, useful in secondary Syphilis and in Rheumatism.

D.—Four to six ounces, three or four times a day.

Decoction Scoparii Compositum, or Compound Decoction of Broom.

U.—Diuretic, given in Dropsy.

D.—One ounce to one ounce and a half, three times a day.

Decoction Senegæ, or Decoction of Senega.

U.—Expectorant, Diuretic, and Diaphoretic, given in affections of the Lungs, and in Chronic Rheumatism.

D.—One and a half to three ounces, two or three times a day.

Decoction Tormentillæ, or Decoction of Tormentil.

U.—Astringent and Tonic in Diarrhœa.

D.—One to one and a half ounce, two or three times a day.

Decoction Ulmi, or Decoction of Elm Bark.

U.—Diuretic, given in Herpetic Eruptions.

D.—Four to six ounces, four times a day.

Decoction Uvæ Ursi, or Decoction of Whortleberry.

U.—A good bitter, given in cases of purulent and mucous discharges from the Kidneys and Bladder.

D.—One to three ounces, three times a day.

Decoction Veratri, or Decoction of White Hellebore.

U.—Employed externally as a Lotion, in Itch, Scaldhead, and other Cutaneous diseases.

Emplastrum Ammoniacum, Plaster of Ammoniacum.

Decoctum Sarsæ, yané joshándah Sarsaparilla, yané ushbá ká

F.—Alterative, yané sudhárnewálá, aur Demulcent, yané tar karncwálá.

M.—Chahár ounce se áth ounce tak, tín chár martabah ek din men.

Decoctum Sarsæ Compositum, yané murakkab joshándah ushbá ká.

F.—Muarriq aur Alterative, yané tartíb dihandah jism hai, baárzah Syphilis, yané atshaki darjahi doyam ke aur baárzah gaثhiyá ke mufid hai.

M.—Chár ounce se chhal ounce tak, tín yá chár martabah ek din men.

Decoctum Scoparii Compositum, yané murakkab joshándah Broom ká.

F.—Mudir hai, baárzah istasqá diyá játá hai.

M.—Ek ounce se derh ounce tak, ek roz men tín martabah.

Decoctum Senegæ, yané joshándah Sencga ká.

F.—Kaf nikálnewálá, mudir aur muarriq hai, baárzah phephráh aur gaثhiyá purání ke diyá játá hai.

M.—Derh ounce se tín ounce tak, do yá tín martabah ek din men.

Decoctum Tormentillæ, yané joshándah Tormentilla ká.

F.—Qábiz aur muqawwí medeh baárzah Diarrhœa, yané puránc ishál ke dete hain.

M.—Ek ounce se derh ounce tak, do yá tín martabah ek din men.

Decoctum Ulmi, yané joshándah chhlá darahtí Elm ká.

F.—Mudir hai, baárzah nikáluc phunsiyon ke jism par mustamik hotá hai.

M.—Chahár se chhah ounce tak, ek din men chár martabah.

Decoctum Uvæ Ursi, yané joshándah Whortleberry ká.

F.—Bahut talkh hotá hai, wáste iکhráj Purulent, yané mawád rádh luábdár garlah aur masánah ke diyá játá hai.

M.—Ek ounce se tín ounce tak, ek din men tín martabah.

Decoctum Veratri, yané joshándah sufed kuٹkí ká.

F.—Wáste lagáne ke jism par baárzah khárish, aur gaںj, aur digar awáriz jildi ke bataurí lotion kám átá hai.

Emplastrum Ammoniacum, yané lep *Ammoniacum* ká.

U.—Stimulant and discutient, applied to indolent swellings.

Emplastrum Ammoniaci cum Hydrargyro, or Plaster of Ammonium and Mercury.

U.—Stimulant and discutient, used chiefly for veneral tumours.

Emplastrum Belladonnae, or Plaster of Deadly Nightshade and the Plaster of Datura.

U.—Anodyne and Antispasmodic; applied near the eye it causes dilatation of the pupil. Applied to the Sacrum, it relieves the pain of Dysmenorrhœa.

Emplastrum Cantharides, or Plaster of Spanish Flies.

U.—For making Blisters; it should always be spread with the thumb, as the hot iron destroys the virtues of the fly.

Emplastrum Galbani, or Galbanum Plaster.

U.—Stimulant and discutient.

Emplastrum Hydrargyri, or Plaster of Mercury.

U.—Alterative and discutient.

Emplastrum Opii, or Plaster of Opium.

U.—Anodyne.

Emplastrum Picis, or Plaster of Pitch.

U.—Stimulant and Rubefacient.

Emplastrum Plumbi, or Plaster of Lead.

U.—For making up several of the other kinds of Plasters, also as a common Sticking Plaster for uniting the edges of fresh wounds.

Emplastrum Resinæ, or Plaster of Resin.

U.—Stimulant and adhesive.

Emplastrum Saponis, or Soap Plaster.

U.—Discutient.

Emplastrum Telini, or Plaster of Telini Flies.

U.—The same as the *Emplastrum Cantharides*.

Enema Aloes, or Enema of Aloes.

II.—Stimulant. Cathartic; used for dislodging worms from the

F.—Muharrik aur muhallil hai, aur warm puráne ko lagáte hain.

Emplastrum Ammoniaci cum Hydrargyro, yané lep Ammoniacum aur párah ká.

F.—Muharrik aur muhallil hai, aksar baárzah warm garmí ke lagáte hain.

Emplastrum Belladonnæ, yané lep Deadly Nightshade ká aur lep Datura ká.

F.—Khuábáwar aur Antispasmodic, yané dáfai tashannuj hai; agar áñkh ke pás lagáyá jáwe to áñkh kí putlí ko barhátá hai. Agar Sacrum par lagáyá jáwe to dard Dysmenorrhœa ko dasa kartá hai.

Emplastrum Cantharides, yané lep makkhí Spain ká.

F.—Iská Blister banáte hain; yih dawá hameshe háth ke angu-the se phailáí jáwe, isliye ki garm lohe se makkhí kí tásír bigar játí hai.

Emplastrum Galbani, yané lep Galbanum ká.

F.—Muharrik aur muhallil.

Emplastrum Hydrargyri, yané lep párah ká.

F.—Alterative, yané sudhárnewálá aur muhallil hai.

Emplastrum Opii, yané lep afyún ká.

F.—Khuábáwar hai.

Emplastrum Picis, yané lep Pitch, yané rál ká.

F.—Muharrik aur lálkarnewálá badan ká.

Emplastrum Plumbi, yané lep shíshah ká.

F.—Wáste banáne kaí qism ke lep ke kám átá hai, aur nez wáste miláne kanárah zaíhm tázah ke aksar yih chipaknewálá marham lagáte hain.

Emplastrum Resinæ, yané lep rál ká.

F.—Muharrik aur chipaknewálá hai.

Emplastrum Saponis, yané sábún ká lep.

F.—Discutient, yané muhallil.

Emplastrum Telini, yané lep Teliní makkhí ká.

F.—Iskí tásír misl tásír lep Cantharides, yané Spain kí makkhí ke hai.

Enema Aloes, yané pichkári sibr kí.

F.—Muharrik aur mushil hai, wáste iķhráj kirm ke, Rectum

Rectum, also given in cases of Amenorrhœa.

Enema Colocynthidis, or Enema of Colocynth.

U.—Purgative, given in cases of obstinate Constipation and Colic.

Enema Opii, or Opiate Enema.

U.—As an Anodyne to irritable bowels.

Enema Tabacci, or Tobacco Enema.

U.—A drastic Cathartic, and Narcotic, seldom used except in case of a strangulated bowel.

Enema Terebinthinae, or Enema of Turpentine.

U.—A powerful Cathartic and Stimulant, much used in Apoplexy and obstinate constipation.

Extractum Abri, or Extract of Goonch.

Use.—A sweet demulcent, given to allay the irritation in coughs.

Extractum Aconiti, or Extract of Aconite.

U.—Internally it is occasionally but seldom given in cases of Neuralgia, Tic-doloreux, and Chronic Rheumatism. Externally, one drachm of the Extract and one ounce of Lard made into an ointment, is sometimes uscd in Tic-doloreux, Sciatica, and other Nervous affections.

D.—Half a grain, increased gradually to four grains.

Extractum Aloes Purificatum, or Purified Extract of Aloes.

U.—Purgative and Stomachic.

D.—Five grains to fifteen.

Extractum Anthemidis, or Extract of Chamomile.

U.—Tonic and slightly Narcotic.

D.—Five to ten grains, two or three times a day.

Extract of Barberry Bark.

U.—A valuable Tonic, Aperient and Febrifuge in mild inter-mittent fever.

D.—Twenty to thirty grains, three times a day.

Extractum Belladonnae, or Extract of Deadly Nightshade.

U.—Chiefly as an external application to the eyebrows to cause dilation of the pupils of the eye.

yane miqad se yih pichkari kám áti hai, aur baárzah Amenorrhœa, yane bastgí haiz mustamil hoti hai.

Enema Colocynthidis, yane pichkari hanzal kí.

F.—Mushil hai, baárzah qabz shadid aur qulinj ke dete hain.

Enema Opii, yane khuábáwar pichkari kí dawá.

F.—Baárzah sozish antaryon ke fáidah bałhshtí hai.

Enema Tabacci, yane pichkari tambákú kí.

F.—Yih pichkari bahut kam mustamil hai, sirf darsúrat Strangulated Bowels, yanç dabí huí antaryon ke kám áti hai, aur shiddat se dastawar hai.

Enema Terebinthinae, yanç pichkari tarpentel kí.

F.—Bahut muqawwí julláh aur muharrik hai, darsúrat saktah aur qabz shadid ke aksar kám áti hai.

Extractum Abri, yane Extract Gung ká.

F.—Shírín mulayyan dawá hai, aur tezí khálsí ke kam karne ke liye istamál karte hain.

Extractum Aconiti, yane Extract Aconite ká.

F.—Andar jism ke kabhi kabhi sházo nádar baárzah Neuralgia, aur Tic-dolorcix, aur purání gaṭhiyá ke pahuṇcháte hain. Aur báhar jism ke lagáne ko ek drachm Extract aur ek ounce charbí milákar marham banáte hain, kabhi kabhi baárzah Tic-doloreux, aur Sciatica, aur digar awáriz nasoñ ke istamál karte hain.

M.—Nisf grain se chár grain tak, darje badarje barháyá jáwe.

Extractum Aloes Purificatum, yane Extract sáf kiye hue sibr ká.

F.—Mushil aur Stomachic, yane házim hai.

M.—Páñch grain se pandrah grain tak.

Extractum Anthemidis, yane gulbábune ká sat.

F.—Muqawwí medeh aur khafíf muskir hai.

M.—Páñch grain se das grain tak, do yá tín martabah ek din men.

Extractum Barberry Bark ká.

F.—Umdah dawá muqawwí, medeh, aur mulayyan, aur dáfai bukhár hai, jabki khafíf bári ká bukhár átá ho to dete hain.

M.—Bís grain se tís grain tak, ek din men tín martabah.

Extractum Belladonnae, yane Extract Deadly Nightshade ká.

F.—Aksar ábrú chashm par lagáte hain, tákí putlí áñkh kí barh

Extractum Cannabis, or Extract of Hemp.

U.—A powerful Narcotic, given in Cholera, Lockjaw, Delirium Tremens, and in Hydrophobia.

D.—Half grain to ten grains, repeated according to the Symptoms.

Extract of Chiretta, or Extract of Justicia or Kreat.

U.—A valuable bitter Tonic, usually given in Decoction of Sarsaparilla or with iron.

D.—Ten to thirty grains, two or three times a day.

Extractum Cinchonæ cordifoliae, or Extract of Heart-leaved Cinchona.

Extractum Cinchonæ lancifoliae, or Extract of Lance-leaved Cinchona.

Extractum Cinchonæ oblongifoliae, or Extract of Oblong-leaved Cinchona.

U.—Tonic, Stomachic, and Febrifuge.

D.—Ten to thirty grains, two or three times a day.

Extractum Colchici Aceticum, or Acetic Extract of Meadow Saffron.

U.—Given in Acute Rheumatism and Gout.

D.—One to three grains, three times a day.

Extractum Colchici Cormi, or Extract of Meadow Saffron Cormus.

U.—Given in the earliest stage of Acute Rheumatism.

D.—One grain, every four hours.

Extractum Colocynthidis, or Extract of Colocynth.

U.—Purgative.

D.—Five to twenty grains.

Extractum Colocynthidis Compositum, or Compound Extract of Colocynth.

U.—Purgative and Cathartic.

D.—Five to twenty grains.

Extractum Conii, or Extract of Hemlock.

U.—Internally it is Anodyne, given in Acute Rheumatism and Hooping-cough; externally it is often used, mixed with simple ointment, in case of Piles, Cancer, and Stricture of the Rectum.

D.—Five grains every eight hours, until pain in the head comes on.

Extractum Canabis, yane san ká sat.

F.—Bashiddat sun karnewálá hai, aur árzah haizái wabáí sur baithne jab aur behoshí, aur kátne kutte ke dete hain.

M.—Nisf grain se das grain tak, mutábiq súrat marz ke kaí martabab yih dawá maríz ko dete hain.

Extractum Chiretta, yane Extract Justicia, yane Kreat ká.

F.—Umdah talkh dawá muqawwí medeh hai, is dawá ko aksar bajoshándah ushbá yá lohe ke sáth dete hain.

M.—Das grain se tís grain tak, ek din men do yá tín martabah.

Extractum Cinchonæ cordifoliae, yane Extract Heart-leaved Cinchona ká.

Extractum Cinchonæ lancifoliae, yane Extract Lance-leaved Cinchona ká.

Extractum Cinchonæ oblongifoliae, yane Extract Oblong-leaved Cinchona ká.

F.—Muqawwi medeh, aur Stomachic, yane házim aur dáfa bukhár hai.

M.—Das grain se tís grain tak, do yá tín martabah ek din men.

Extractum Colchici Aceticum, yane Acetic Extract zafrán meadow ká.

F.—Baárzah gaثhiyá shadíd ke ibtidá men yih dawá dete hain.

M.—Ek grain se tín grain tak, ek din men tín martabah.

Extractum Colchici Cormi, yá Extract Meadow Saffron Cormus ká.

F.—Awwal hálat shadíd gaثhiyá ke dete hain.

M.—Ek grain, har ek chár ghanṭe bäd.

Extractum Colocynthides, yane Extract Colocynth ká.

F.—Mushil hai.

M.—Páñch grain se bíś grain tak.

Extractum Colocynthidis Compositum, yane murakkab Extract of Colocynth ká.

F.—Mushil aur dastáwar hai.

M.—Páñch grain se bíś grain tak.

Extractum Conii, yane Extract Hemlock ká.

F.—Jab ki jism ke andar mustamíl ho yih dawá khuábawar hai, aur baárzah gaثhiyá shadíd aur kúkar khánsí ke istamál karte hain; báhar jism par aksar marham shadh men milákar bawásír aur sartán aur Stricture Rectum par lagáte hain.

M.—Páñch grain, har áthwen ghanṭe men, jab tak ki sir men dard hone lage.

Extractum Digitalis, or Extract of Foxglove.*U.*—Sedative and Diuretic, seldom or ever given.*Extractum Dyospyri*, or Extract of Gab.*U.*—An excellent Astringent, given in Diarrhoea and Chronic Dysentery. A solution of two drachms in a pint of water is a valuable vaginal injection in Lencorrhœa.*D.*—One to five grains, three times a day.*Extractum Elaterii*, or Extract of Elaterium.*U.*—Hydragogue and Cathartic.*D.*—Half grain to two grains, two or three times a day, made into pills.*Extractum Gentianæ*, or Extract of Gentian.*U.*—Tonic and Stomachic.*D.*—Ten to thirty grains, two or three times a day.*Extractum Glycyrhizæ*, or Extract of Liquorice.*U.*—Given as a demulcent, to allay the irritation of coughs.*Extract of Gulanchæ or Palo.**U.*—A valuable bitter Tonic, generally dissolved in milk and sweetened with sugar.*D.*—One and a half drachm to three drachms.*Extractum Hæmatoxylī*, or Extract of Logwood.*U.*—Astringent; given in protracted Diarrhoea and Dysentery.*D.*—Ten to thirty grains, in any Aromatic water.*Extractum Hyoscyami*, or Extract of Henbane.*U.*—Anodyne, Sedative, and Antispasmodic.*D.*—Five to ten grains, two or three times a day.*Extractum Jalapæ*, or Extract of Jalap.*U.*—An excellent purgative.*D.*—Ten to twenty grains.

Extractum Digitalis, yanç Extract Foxglove ká.

F.—A'rám dihandah aur mudir hai, yih dawá bahut kam mus-tamíl hotí hai.

Extractum Dyospiracy, yanç Extract Gab ká.

F.—Ek umdah dawá qábiz hai, baárzah Diarrhoea, yanç ishál raqíq, aur Chronic Dysentery, yanç purání pechish ke dete hain. Do drachm is dawá ke ghule húc nisf bottle pání men nihayáh tohfá pichkári kí dawá wáste rehm ke bích maraz Leucorrhœa ke hotí hai.

M.—Ek grain se páñch grain tak, ek din men tím martabah.

Extractum Elaterii, yanç Extract Elaterium ká.

F.—Hydragoguc, yanç patlá dast lánewálá aur mushil hai.

M.—Nisf grain se do grain tak, do yá tím martabah ek din men. goliyán banákar kháte hain.

Extractum Gentianæ, yanç Extract Gentian ká.

F.—Muqawwí aur Stomachic, yanç házim.

M.—Das grain se tís grain tak, do yá tím martabah ek din men.

Extractum Glycyrrhizæ, yanç Extract Askussús ká.

F.—Yih dawá tarkarnewálí hai, wáste kami sozish khánsí ke dete hain.

Extractum Guanchæ, yanç Palo ká sat.

F.—Umdah talkh dawá muqawwí medeh hai, aksar dúdh men miláte hain, aur shakkar se shirín karke píté hain.

M.—Deṛh drachm se tím drachm tak.

Extractum Hæmatoxyli, yanç Extract Logwood ká, yanç Extract Bukhum ká.

F.—Qábiz hai; aur baárzah Diarrhoea, yanç ishál raqíq aur Dysentery, yanç pechish daston ke jo arse se láhaq ho dete hain.

M.—Das grain se tís grain tak istamál karte hain khushbúdar pání men.

Extractum Hyoscyami, yanç Extract Henbane ká.

F.—Muskr, aur dard ko áram denewálá, aur Antispasmodic, yanç dáfa tashannuj hai.

M.—Páñch grain se das grain tak, do yá tím martabah ek din men.

Extractum Jalapæ, yanç Extract Jalap ká.

F.—Nihayat tohfá mushil hai.

M.—Das grain se bíz grain tak.

Extract of Japan Wood.

U.—Astringent, given in Chronic Dysenteries, generally mixed either with Quinine, Chiretta or Gentian.

D.—Five to ten grains, three times a day.

Extract of Kalladanna.

U.—A good Cathartic.

D.—Five to ten grains.

Extractum Lactucæ, or Extract of Lettuce.

U.—A mild Opiate and Narcotic.

D.—Five to ten grains, two or three times a day.

Extractum Lupuli, or Extract of Hops.

U.—Sedative, and an excellent bitter Tonic.

D.—As a Sedative five to ten grains, as a Tonic two or three grains, three times a day.

Extract of Nemooka.

U.—An astringent diuretic, dissolved in water.

D.—Twenty grains, three times a day.

Extractum Nux Vomica.

U.—A convulsive Tonic, made into pills with bread crumbs.

D.—One-eighth to one-fourth of a grain, threc times a day.

Extractum Opii Purificatum, or Extract of purified Opium.

U.—Sedative.

D.—One to five grains.

Extractum Papaveris, or Extract of Poppy.

U.—Anodyne and Narcotic.

D.—Two grains to twenty.

Extractum Pareiræ, or Extract of Pareira.

U.—Diuretic, given in cases of Catarrh of the bladder, and irritation of the bladder, mixed with any demulcent.

D.—Ten to twenty grains.

Extract of Quassia.

U.—A valuable bitter Tonic.

Extract Japan Wood ka.

F.—Qábiz hai, jo arse se árizah Dyscentry, yane pechish ká láhaq ho to usko aksar Quinine yá Chiretta yá Gentian ke sáth milákar dete hain.

M.—Pánch grain se das grain tak, ek din men tím martabah.

Extract Kalladanna.

F.—Ek umdah mushil hai.

M.—Pánch grain se das grain tak.

Extractum Lactucæ, yane Extract kálú ká.

F.—Mulayyam aur khuábáwar aur muskir hai.

M.—Pánch grain se das grain tak, do yá tím martabah ek din men.

Extractum Lupuli, yane Extract Hops ká.

F.—Áram dihandah, aur úmdah dawá talkh muqawwí medeh hai.

M.—Dard ko áram denc ke wáste pánch grain se das grain tak, aur wáste istámál karne bataur muqawwí ke, do yá tím martabah ek din men.

Extract Nemooka.

F.—Qábiz aur peshábáwar hai, jab ki pání men milákar istámál kí jáwe.

M.—Bís grain, ek din men tím martabah.

Extractum Nux Vomica, yane Extract kuchle ká.

F.—Yih dawá maror karnewálí muqawwí medeh hai, rotí ke gúdc ke sáth goliyán uskí banáte hain.

M.—Átlwen hisse se chauthc hisse ek grain tak, ek din men tím martabah.

Extractum Opii Purificatum, yane Extract sáf kí huí afyún ká.

F.—Áram dihandah dard.

M.—Ek grain se pánch grain tak.

Extractum Papaveris, yane Extract post, yane post ká sat.

F.—Khuábáwar aur muskir hai.

M.—Do grain se bís grain tak.

Extractum Pareiræ, yane Extract Pareira ká.

F.—Mudir hai, baárzah sardí masánah aur sozish masánah, ad-wiyah mulayyan men milákar dete hain.

M.—Das grain se bís grain tak.

Extract Quassiaæ, yane Extract taj ká.

F.—Talkh dawá, wáste quwwat medeh ke mufid hai.

D.—Five to ten grains, three times a day.

Extractum Rhei, or Extract of Rhubarb.

U.—Purgative, made into pills, or dissolved in any aromatic water.

D.—Ten to thirty grains.

Extractum Sarsœ, or Extract of Sarsaparilla.

U.—Alterative, given in pills, or dissolved in a Decoction.

D.—Twenty grains to one drachm, two or three times a day.

Extractum Scammoniae.

U.—A drastic Cathartic, usually mixed with either Cream of Tartar, Jalap, Aloes, or Ginger.

D.—Five to ten grains.

Extractum Stramonii, or Extract of Thorn Apple.

U.—Narcotic, given in cases of Mania and Asthmatic affections.

D.—Three-fourths of a grain to two grains daily.

Extractum Taraxaci, or Extract of Dandelion.

U.—Aperient and Deobstruent, given in obstructions of the liver, and in diseases of the bladder.

D.—Ten grains to one drachm.

Extractum Uvae Ursi, or Extract of Whortleberry.

U.—A good bitter, given in purulent and other affections of the Urinary organs.

D.—Five to ten grains, two or three times a day.

Infusum Anthemidis, or Infusion of Chamomile.

Use.—Stomachic in Dyspepsia, also a bitter and Aromatic Tonic, chiefly used to promote the action of Emetics.

Dose.—One to two ounces.

Infusum Armoraciae Compositum, or Compound infusion of Horseradish.

U.—Stimulant in Paralysis.

D.—One ounce to one ounce and a half, two or three times a day.

M.—Páñch grain se das grain tak, ek din men tíñ martabah.

Extractum Rhei, yané rewand chíní ká sat.

F.—Mushil hai, uskí goliyán banákar yá khushbúdar pání men milákar istamál karte hain.

M.—Das grain se tís grain tak.

Extractum Sarsæ, yané Extract Sarsaparilla, yané ushbá ká sat.

F.—Alterative, yané sudhárnewálá jism ká hai, goliyán banákar yá joshándah men hal karke istamál karte hain.

M.—Bís grain se ek drachm tak, do yá tíñ martabah ek din men.

Extractum Scammoniae, yané Extract Saqmúnia ká.

F.—Tez mushil hai, aur aksar Cream of Tartar, yá Jalap, yá Sibr, yá sonth ke sáth dete hain.

M.—Páñch grain se das grain tak.

Extractum Stramonii, yané Extract Thorn Apple, yané dhatúrá ká sat.

F.—Muskir hai, aur baárzah joonoo aur ziqunnafs ke istamál karte hain.

M.—Paw grain se do grain tak har rozah.

Extractum Taraxaci, yané Extract Dandelion ká.

F.—Mulayyar aur Deobstruent, yané mufattah hai, baárzah rukáo kaleje ke, aur amráz masánc ke istamál karte hain.

M.—Das grain se ek drachm tak.

Extractum Uvae Ursi, yané Extract Whortleberry ká.

F.—Achchhí talkh dawá hai, baárzah purulent aur digar awáriz mutaallaqai azá pesháb ke dete hain.

M.—Páñch grain se das grain tak, do yá tíñ martabah ek din men.

Infusum Anthemidis, yané khisánlah babúne ká.

Faidah.—Baárzah Dyspepsia, yané badhazmí ke mufid hai, aur talkh aur khushbúdar aur muqawwí hai, aksar wáste ziyádah karne asar adwiyah, qaiáwar ke dete hain.

Miqdár.—Ek ounce se do ounce tak.

Infusum Armoraciae Compositum, yané murakkab khisándah sohunjine ká.

F.—Baárzah fálij muharrik hai.

M.—Ek ounce se derh ounce tak, ek din men do yá tíñ martabah.

Infusum Aurantii Compositum, or Compound infusion of Orange peel.

U.—Stomachic and Tonic.

D.—One ounce to one and a half ounce, two or three times a day.

Infusion of Ayapana.

U.—Diaphoretic and Tonic.

D.—Two to three ounces, three times a day.

Infusion of Bel.

U.—Slightly bitter and Aromatic.

D.—Two to four ounces, three times a day.

Infusum Calumbæ, or Infusion of Calumba.

U.—Stomachic and Tonic, particularly useful in allaying that sickness which often exists during child-bearing.

D.—One and a half ounce to two ounces, two or three times a day.

Infusum Caryophylii, or Infusion of Cloves.

U.—Stimulant and Stomachic.

D.—One to two ounces, two or three times a day.

Infusum Cascarrillæ, or Infusion of Cascarrilla.

U.—Tonic and Stomachic.

D.—One and a half ounce to two ounces, two or three times a day.

Infusum Catechu Compositum, or Compound Infusion of Catechu.

U.—Astringent in Diarrhoea.

D.—One to three ounces, every three hours.

Infusion of Chireta.

U.—A Bitter Tonic.

D.—One to three ounces, three times a day.

Infusum Cinchonæ, or Infusion of Cinchona.

U.—Tonic and Febrifuge; useful in Dyspepsia.

D.—One to three ounces, three times a day.

Infusum Crini, or Infusion of Kanoor.

U.—A mild and certain Emetic.

D.—Two drachms, every twenty minutes.

Infusum Aurantii Compositum, yane murakkab қhisándah sangtare ke chhilke ká.

F.—Házim aur muqawwí hai.

M.—Ek ounce se derh ounce tak, ek din men do yá tín martabah.

Infusion Ayapana ka.

F.—Muharrik aur muqawwí.

M.—Do ounce se tín ounce tak, ek din men tín martabah.

Infusion Bel ka.

F.—Badarjai қhafíf talkh aur қhushbúdár.

M.—Do ounce se tín ounce tak, ek din men tín martabah.

Infusum Calumbæ, yane қhisándah Calumbæ ká.

F.—Házim aur muqawwí medeh, қhasúsan wáste kam karne us árže ke mufíd hai jo baaizam hamal ke láhaq hotá hai.

M.—Derh ounce se do ounce tak, do yá tín martabah ek din men.

Infusum Caryophillæ, yane қhisándah laung ká.

F.—Muharrik aur mufíd medeh.

M.—Ek ounce se do ounce tak, do yá tín martabah ek din men.

Infusum Cascarrillæ, yane қhisándah Cascarrilla ká.

F.—Mufíd aur muqawwí medeh.

M.—Derh ounce se do ounce tak, do yá tín martabah ek din men.

Infusum Catechu Compositum, yane murakkab қhisándah katthe ká.

F.—Baárzah Diarrhœa, yane ishál ke qábiz hai.

M.—Ek ounce se tín ounce tak, har tísre ghanṭe men.

Infusion Chiretta ká.

F.—Talkh aur muqawwí medeh.

M.—Ek ounce se tín ounce tak, ek din men tin martabah.

Infusum Cinchonæ, yane қhisándah Cinchona ká.

F.—Muqawwí medeh aur dáfai bukhár hai; baárzah Dyspepsia, yane badhazmí ke mufíd hai.

M.—Ek se tín ounce tak, ek din men tín martabah.

Infusum Crini, yane қhisándah Kanoor ká.

F.—Halkí aur mujarrib qaiáwar dawá hai.

M.—Do drachm, har bís minute ke bad.

Infusum Cuspariae, or Infusion of Cusparia.

U.—Tonic, Stimulant and Febrifuge.

D.—One and a half ounce to two ounces, three times a day.

Infusum Digitalis, or Infusion of Foxglove.

U.—Diuretic and powerfully Narcotic, its action must be closely watched, as it is apt to occasion sudden and dangerous collapse.

D.—Four drachms to an ounce, twice a day.

Infusum Diosmæ, or Infusion of Buchu.

U.—Tonic, Diuretic and Sudorific, useful in purulent and catarrhal discharges from the Urinary organs.

D.—Two to four ounces, three times a day.

Infusion of the Ergot of Rye.

U.—As a Parturifacient.

D.—Two or three ounces, every half hour, until it has the desired effect.

Infusum Gentianæ Compositum, or Compound Infusion of Gentian.

U.—Stomachic and Tonic.

D.—One and a half ounce to two ounces, three times a day.

Infusion of Gulancha.

U.—An excellent Tonic, Alterative, and Diuretic.

D.—Two to four ounces, three times a day.

Infusum Hemidesmus, or Ununtamool.

U.—Alterative and Diuretic, given in cases of Secondary Syphilis and Chronic Rheumatism.

D.—Two to four ounces, three times a day.

Infusum Justiciæ, or Infusion of Krcat.

U.—An excellent bitter Tonic.

D.—One to two ounces, three times a day.

Infusum Krameriae, or Infusion of Rhatany.

U.—Tonic and Astringent.

D.—One and a half ounce to two ounces, two or three times a day.

Infusion of Kurroo.

U.—A bitter Tonic.

D.—One to two ounces, three times a day.

Infusum Cuspariae, yané khisáñdah Cusparia ká.

F.—Muqawwí medeh, aur muharrik aur dáfai bukhár.

M.—Derh ounce se do ounce tak, ek din men tím martabah.

Infusum Digitalis, yané khisáñdah Foxglove ká.

F.—Mudir aur bahut muskir hai, is dawá kí tásír par ziyádah tawajjuh aur khabargírí karní cháhiye, is wáste ki yih dawá dafatan azái raísá ko bilkúl zaíf kardetí hai, aur usse khatrá hojátá hai.

M.—Chár drachm se ek ounce tak, ek din men do martabah.

Infusum Diosmae, yané khisáñdah Buchu ká.

F.—Muqawwí, aur mudir aur muárrik hai, bich ráddár iጀhráj ke azá pesháb se mufíd hai.

M.—Do ounce se chár ounce tak, ek din men tím martabah.

Infusion Ergot Rye ka.

F.—Parturifacient, yané jald bachechá ko pet se nikálnewále.

M.—Do yá tím ounce, har nisf ghante men dete hain, jab tak ki hasbi dil khuáb tásír hojáwe.

Infusum Gentianæ Compositum, yané murakkab khisáñdah Gentian ká.

F.—Mufíd aur muqawwí medeh.

M.—Derh ounce se do ounce tak, ek din men tím martabah.

Infusion Gulancha ká.

F.—Bahut umdash muqawwí dawá, aur Alterative, yané sudhárnewálí aur mudir hai.

M.—Do se chár ounce tak, tím martabah ek din men.

Infusum Hemidesmi, yané khisáñdah Ununtamúl ká.

F.—Alterative, yané sudhárnewálá aur mudir hai, baárzah átshak darjei doyam aur purání gaṭhiyá ke istámál karte hain.

M.—Do ounce se chár ounce tak, ek din men tím martabah.

Infusum Justiciae, yané khisáñdah Kreat ká.

F.—Ek umdash talkh dawá muqawwí medeh hai.

M.—Ek ounce se do ounce tak, ek din men tím martabah.

Infusum Krameriae, yané khisáñdah Rhatany ká.

F.—Muqawwí medeh aur qábiz hai.

M.—Derh ounce se do ounce tak, ek din men do yá tím martabah.

Infusion Kurroo, yané khisáñdah Kurroo ká.

F.—Dawá muqawwí medeh.

M.—Ek ounce se do ounce tak, ek din men tím martabah.

Infusum Lini Compositum, or Compound Infusion of Linseed.

U.—Demulcent, given in Catarrhs and affections of the Urinary organs, to any extent.

Infusum Lupuli, or Infusion of Hops.

U.—Tonic, Stomachic, and slightly Narcotic.

D.—One ounce to one and a half ounce, three times a day.

Infusion of Neemooka.

U.—Given in affections of the Urinary organs.

D.—Two to four ounces, three times a day.

Infusum Pareiræ, Infusion of Pareira.

U.—Diuretic, given in affections of the Urinary organs.

D.—One ounce to one and a half ounce, three times a day.

Infusion of Pedalium, or Gokeroo.

U.—Mucilagenous and Demulcent.

Infusum Quassiae, or Infusion of Quassia.

U.—A very bitter Tonic and Stomachic.

D.—One and a half ounce to two ounces, two or three times a day.

Infusum Rhei, or Infusion of Rhubarb.

U.—Slightly Aperient, Tonic and Stomachic.

D.—One to two ounces, two or three times a day.

Infusum Rosæ Compositum, or Compound Infusion of Roses.

U.—Astringent and Refrigerant, given in Hœmorrhages.

D.—One to two ounces, three times a day.

Infusum Scoparii, or Infusion of Broom.

U.—Aperient and Diuretic.

D.—One to two ounces, three times a day.

Infusum Sennæ Compositum, or Compound Infusion of Senna.

U.—Purgative, generally combined with Epsom Salts.

D.—Two to four ounces.

Infusum Serpentariae, or Infusion of Serpentary.

U.—Diaphoretic and Tonic.

D.—One to two ounces, three times a day.

Infusum Sidae, or Infusion of Pata.

U.—A bitter Tonic and Astringent.

D.—One to two ounces, three times a day.

Infusum Lini Compositum, yane murakkab khisándah alsí ká.

F.—Mulayyan hai, aur baárzah sardí aur amrázazái pesháb ke díjátí hai, bilá tayıun miqdár.

Infusum Lupuli, yane khisándah Hops ká.

F.—Muqawwí, aur mušídi medeh, aur muskir badarjai khafif.

M.—Ek ounce se derh ounce tak, ek diu men tín martabah.

Infusion Neemooká, yane khisándah Ncemooká ká.

F.—Baamráz azái pesháb dete hain.

M.—Do ounce se chár ounce tak, ek din men tín martabah.

Infusum Pareiræ, yane khisándah Pareira ká.

F.—Mudir hai, baamráz azái pesháb diyá játá hai.

M.—Ek ounce se derh ounce tak, ek din men tín martabah.

Infusum Pedalium, yane khisándah Gokeroo ká.

F.—Mucilagenous, yane loábdar aur mulayyan.

Infusum Quassiae, yane khisándah taj ká.

F.—Bahut talkh dawá muqawwí medeh aur mušíd medeh hai.

M.—Derh ounce se do ounce tak, ek din men do yá tín martabah.

Infusum Rhei, yane khisándah Rewand Chíní ká.

F.—Mulayyan badarjai khafif, muqawwí aur mušíd medeh.

M.—Ek ounce se do ounce tak, ek din men do yá tín martabah.

Infusum Rosæ Compositum, yane murakkab khisándah guláb ká.

F.—Qábiz aur dáfai garmí, aur Hœmorrhage, yane ijrái khún kí hálat men dete hain.

M.—Ek ounce se do ounce tak, ek din men tín martabah.

Infusum Scoparii, yane khisándah Broom ká.

F.—Mulayyan aur mudir.

M.—Ek ounce se do ounce tak, ek din men tín martabah.

Infusum Sennæ Compositum, yane murakkab khisándah Senna ká.

F.—Mushil hai, aur bashámul Epsom Salts ke istamál karte hain.

M.—Do ounce se chár ounce tak.

Infusum Serpentariae, yane khisándah Serpentary ká.

F.—Muarriq aur muqawwí.

M.—Ek ounce se do ounce tak, ek din men tín martabah.

Infusum Sidæ, yane khisándah Pata ká.

F.—Talkh dawá muqawwí medeh aur qábiz.

M.—Ek ounce se do ounce tak, ek din men tín martabah.

Infusum Simarubæ, or Infusion of Simaruba.

U.—Tonic, Astringent and Mucilagenous, given in the last stages of Dysentery.

D.—One to two ounces, every three or four hours.

Infusum of Sohunjuna Compositum.

U.—Stimulant.

D.—One to three ounces.

Infusum Valerianæ, or Infusion of Valerian.

U.—Antispasmodic and Stimulant, given in cases of Hysteria.

D.—One and a half ounce to two ounces, every three or four hours.

Infusum Violet, or Banopsha.

U.—Nauscating and Diaphoretic.

D.—Two or three ounces, every half hour.

Linimentum Aquæ Calcis, or Limewater Liniment.

Use.—Cooling, applied to excoriated surfaces, scalds, and burns.

Linimentum Æruginis, or Liniment of Verdigris.

U.—Detergent and Escharotic.

Linimentum Ammoniæ, or Liniment of Ammonia.

U.—Stimulant and Counter-irritant.

Linimentum Ammoniæ Sesquicarbonatis, or Liniment of Sesquicarbonate of Ammonia.

U.—Stimulant and Counter-irritant, used in cases of inflamed Uvula, Pharynx and Tonsils.

Linimentum Camphoræ, or Camphor Liniment.

Linimentum Camphoræ Compositum, or Compound Liniment of Camphor.

U.—Stimulant and Counter-irritant, used in sprains and bruises, rheumatism and indolent tumours.

Infusum Simarubæ, yane khisándah Simaruba ká.

F.—Muqawwí medeh, aur qábiz aur mucilagenous, yane luáb-dár hotá hai, aķher darjai Dysentery, yane ishál pechish men dete hain.

M.—Ek ounce se do ounce tak, harek tísre chauthe ghanṭe men.

Murakkab khisándah Sohunjuna ka.

F.—Muharrik hai.

M.—Ek ounce se tím ounce tak.

Infusum Velerianæ, yane khisándah Billilotun ká.

F.—Antispasmodic, yane dáfai tashannuj, aur muharrik maraz Hysteria men dete hain.

M.—Derh ounce se do ounce tak, har tísre chauthe ghanṭe men.

Infusum Violet, yane banafshá ká khisándah.

F.—Mutanaffir aur muharrik hai.

M.—Do yá tím ounce tak, harek nisf ghanṭe men.

Linimentum Aquæ Calcis, yane marham Limewater, yane chúné ke pání ká.

F.—Thandá kartá hai, khárásh, aur ganj, aur jale húe muqám par lagáte hain.

Linimentum Æruginis, yane marham zangár ká.

F.—Aláish sáf kartá hai, aur Escharotic, yane zaķhm ko galátá hai.

Linimentum Ammoniæ, yane marham naushádar ká.

F.—Muharrik aur Counter-irritant, yane dáfai sozish.

Linimentum Ammoniæ Sesquicarbonatis, yane marham Sesquicarbonate Ammonia ká.

F.—Muharrik aur Counter-irritant, yane dáfai sozish hai, baárzah Uvula aur Pharynx aur Tonsils ke istamál karte hain, jab ki sozish hotí hai.

Linimentum Camphoræ, yane marham kafúr ká.

Linimentum Camphoræ Compositum, yane murakkab marham kafúr ká.

F.—Muharrik aur Counter-irritant, yane dáfai sozish hai, moch, aur zarab, aur gaṭhiyá aur puráne zaķhm par lagáte hain.

Linimentum Hydrargyri Compositum, or Compound Liniment of Mercury.

U.—Stimulant and Discutient; one drachm rubbed well into the inside of the thighs and in the armpits, morning and evening, will salivate rapidly.

Linimentum Opii, or Liniment of Opium.

U.—Sedative; applied to bruises, painful swellings, rheumatism and lumbago.

Linimentum Saponis, or Soap Liniment.

U.—Stimulant and Sedative.

Linimentum Simplex, or Simple Liniment.

U.—Cooling and Sedative; it is composed of four parts poppy oil, and one part wax, applied to ulcerated and excoriated surfaces.

Linimentum Terebinthinae, or Turpentine Liniment.

U.—A powerful Stimulant.

Mel Boracis, or Honey of Borax.

Use.—Detergent and cooling, in Aphthous affections of the tongue and fauces.

Mel Rosæ, or Honey of Rose.

U.—Detergent and Astringent, usually mixed in gargles.

Oxymel.

U.—Detergent and expectorant, used also in gargles.

D.—One to four drachms, three or four times a day.

Oxymel Scillæ, or Oxymel of Squills.

U.—Expectorant, given in Chronic Coughs and Catarrhal affections; it is Emetic in large doses of one or two ounces.

Alumen Exsiccatum, or Dried Alum.

Use.—Internally it is a powerful Astringent in Piles, Diarrhoea, and mucous discharges. Externally it is used in Repellent and Astringent Lotions and eye-washes.

Dose.—Ten to twenty grains, two or three times a day.

Linimentum Hydrargyri Compositum, yané murakkab marham páre ká.

F.—Muharrik aur muhallil hai; agar ek drachm andar kí taraf zánú ke aur baghal men achchí tarah subah o shám malá jáwe to munh jald átá hai.

Linimentum Opii, yané marham afyún ká.

F.—Árám baķsh hai; zarab aur warm taklíf dihandah, aur bái aur dard kamar ke liye lagáte hain.

Linimentum Saponis, yané marham sábún ká.

F.—Muharrik aur árám deh.

Linimentum Simplex, yané marham sádah.

F.—Thandá kartá hai aur árám detá hai; chahár hisseh roghan post, aur ek hisseh mom se banáte hain, násúr aur khárash par lagáyá játá hai.

Linimentum Terebinthinæ, yané marham tarpantel ká.

F.—Bahut qawwí muharrik hai.

Mel Boracis, yané shahad aur suhágá miláyá huá.

F.—Aláish sáf kartá hai aur thandá kartá hai, aur baŕzah Aphtous, yané chhálon zabán aur Fauces ke istamál karte hain.

Mel Rosæ, yané shahad aur guláb pání men pakúyá huá.

F.—Aláish sáf kartá hai, aur qábiz hai, aur gharáre men aksar miláte hain.

Oxymel, yané sikanjbín sirká ká.

F.—Aláish sáf karnewálá aur dáfai balgham hai, aur gharáre men bhí kám átí hai.

M.—Ek drachm se chár drachm tak, ek din men tín yá chár martabah.

Oxymel Scillæ, yané sikanjbín janglí piyáz ká.

F.—Dáfai balgham hai, baŕzah khánsí aur zukám derpá ke dete hain; agar bamiqdár ek yá do ounce istamál kíjawe to qaiáwar hai.

Alumen Exsiccatum, yané khasht phiṭkirí.

F.—Jabki andar jism ke pahuñche to baŕzah bawásír, aur Diarrhoea, yané ishál rafiq aur iķhráj reñh ke bahut qábiz dawá hai; aur úpar jism ke lagáne ko qábiz aur Repellent gházah aur áñkh dhone kí dawá banáte hain.

M.—Das grain se bís grain tak, ek din men do yá tín martabah.

Liquor Aluminis Compositum, or Compound Solution of Alum.

U.—A powerful Styptic and Astringent, applied to old Ulcers, also as an eye-wash.

Antimonii Oxysulphuretum, or Oxysulphuret of Antimony.

U.—Occasionally, but very seldom, given in cases of Herpetic and other eruptions.

D.—One to four grains, twice a day.

Antimonii Potassio Tartras, Potassio Tartrate of Antimony, or Tartar Emetic.

U.—Sudorific, Emetic, and Purgative, according to the dose. Quarter of a grain as a Sudorific, half grain as a Purgative, and one grain as an Emetic, to be repeated every half hour, until the desired effect ensues. Externally as a Counter-irritant, by mixing one drachm of Tartar Emetic with one ounce of Lard, to be well rubbed into the part, morning and evening.

Pulvis Antimonii Compositus, or Compound Powder of Antimony.

U.—Diaphoretic, Alterative, Emetic and Purgative.

D.—Five to ten grains.

Argenti Nitrás, Nitrate of Silver, or Caustic.

U.—Internally it is Tonic and Antispasmodic, given in Epilepsy. Externally it is Escharotic.

D.—One-eighth of a grain gradually increased to two grains, and made into pills with bread crumbs, two or three times a day.

Liquor Potassæ Arsenitis, or Solution of Arsenite of Potash.

U.—A powerful Tonic and Febrifuge, given in Intermittent and Remittent Fevers, periodical headaches, and some diseases of the skin.

D.—Four to fifteen drops, twice a day.

Barii Chloridum, or Chloride of Barium.

U.—Chiefly employed to detect and calculate the quantity of Sulphuric Acid, or Sulphates, present in a solution.

Liquor Aluminis Compositum, yane murakkab ghulí húí phiṭkiri.

F.—Badarjai gháyat Styptic, yane khún band karnewálá, aur qábiz hai, aur násúr kohná men lagáte hain, aur wáste dhone áñkhon ke bhí kám átá hai.

Antimonii Oxsulphuretum, yane Oxysulphuret surmá ká.

F.—Baárzah Herpetic, aur digar phunsí phore jildí ke istamál karte hain, magar bahut sház.

M.—Ek se chár grain tak, ek din men do martabah.

Antimonii Potassio Tartras, yane Potassio Tartrate surmá ká, jisko Tartar Emetic bhí kahte hain.

F.—Muharrík, aur qaiáwar, aur mushil, hasbe miqdár dawá ke ba-miqdár, nisf grain mushil, aur bamiqdár ek grain qaiáwar, har nisf ghanṭe men istamál kíyá jáwe, jab tak ki hasbe dil khúb tásír uskí ámal men áwe. Báhar lagáne se Counter-irritant, yane dáfai sozish hai, jis maqám par sozish ho, ek drachm Tartar Emetic aur ek ounce charbí men milákar us jágah subah o shám khúb málish kí jáwe.

Pulvis Antimonii Compositus, yane murakkab pisá huá surmá.

F.—Muárriq, aur Alterative, yane tartíb denewálá, aur qaiáwar aur mushil.

M.—Páñch grain se das grain tak.

Argenti Nitrás, yane Nitrate of Silver, yane Caustic.

F.—Andar jismke quwwat ziyádah kartá hai, aur Antispasmodic, yane dáfai tashannuj hai, baárzah Epilepsy, yane mirgí ke dete hain. Aur báhar jism par lagáyá jáwe to zakhm ko khá játá hai.

M.—Hashtam hisse ek grain se darja badarja do grain tak barháyá jáwe, aur roṭí ke gude men milákar goliyán banáí jáwen, aur do yá tín martabah har roz istamál kiyá jáwe.

Liquor Potassæ Arsenitis, yane Solution Arsenate Potash ká.

F.—Kamál muqawwí aur dáfai bukhár hai, baárzah bukhár bárí aur Remittent bukhár ke, aur bárí ke sar dard aur báz amráz jildí men istamál karte hain.

M.—Chár se pandrah qatre tak, ek din men do martabah.

Barii Chloridum, yane Chloride Barium ká.

F.—Yih dawá aksar wáste daryáft hone aur malúm hone miqdár Sulphuric Acid, yane tezáb gandhak ke, yá Sulphate ke, jo kisí dawá ki Solution men ámez ho mustamil hai.

Bismuth Trisnitrás, Trisnitrate of Bismuth.

U.—Antispasmodic, given in cases of Dyspepsia, which are attended with painful contractions of the Stomach.

D.—Five to fifteen grains, three times a day.

Calamina Preparata, or Prepared Calamine.

U.—Absorbent, used externally in burns and excoriations.

Liquor Calcis, or Lime water.

U.—Antacid, used in cases of Dyspepsia attended with acidity: Astringent in the last stages of Diarrhœa and Dysentery, also used as an Astringent injection in Leucorrhœa.

D.—One to six ounces, given in milk.

Liquor Calcii Chloridi, or Solution of Chloride of Calcium.

U.—Deobstruent and Tonic, given in cases of Bronchocèle and Scrophula.

D.—Forty minimis to two drachms, two or three times a day.

Calx Chlorinata, or Chlorinated Lime, or Labarracque's Disinfecting Fluid.

U.—Disinfectant. When exposed to the air it powerfully corrects the putrid odour, arising either from diseased or decomposing animal matter.

Creta Preparata, or Prepared Chalk.

U.—Antacid and Absorbent, given in cases of Acidity of the Stomach and in Diarrhœa. Externally it is applied to Ulcers discharging a thin irritating matter.

Cupri Ammonio Sulphas, or Ammonio Sulphate of Copper.

U.—Tonic and Antispasmodic, given in cases of Chorea or St. Vitus' dance and Epilepsy.

D.—Quarter of a grain increased gradually to five grains made into pills with crumb of bread, to be taken two or three times a day.

Bismuth Trisnitrás, yane Trisnitrate Bismuth ká.

F.—Antispasmodic, yane maṛor rafā karnewálí hai, baárzah Dyspepsia, yane badhazmí ke ki jismen peṭ men maṛor dard angez ho-jáwe dete hain.

M.—Pánch grain se pandrah grain tak, ek din men tín martabah.

Calamina Preparata, yane Calamine tyár kiyá huá.

F.—Absorbent, yane jázib báhar istamál men átí hai, jab ki jism kisí ká jal jáwe, aur chhil jáwe.

Liquor Calcis, yane pání chúne ká.

F.—Antacid, yane dásfai turshí hai, baárzah Dyspepsia, yane badhazmí ki jismen turshí ho istamál karte hain, qábiz hai baárzah Diarrhoea, yanc ishlál, aur Dysentery, yanc pechish ke jab yih maraz arse ká hojáwe to is dawá ká istamál karte hain, aur baárzah Leucorrhœa bataur pichkári qábiz kám átí hai.

M.—Ek ounce se chhaih ounce tak, dúdh ke sáth istamál karte hain.

Liquor Calcii Chloridi, yane Solution Chloride Calcium ká.

F.—Deobstruent, yane mufattah aur muqawwí hai, baárzah Bronchocele, yanc gheghá aur Scrophula, yanc kanthimáli ke dete hain.

M.—Chálís minim se do drachm tak, ek din men do yá tín martabah.

Calx Chlorinata, yanc Clorinated Lime, ki usko Laharracque's Disinfecting Fluid bhí kalite hain.

F.—Disinfectant hai, yane manai saráyat maraz jabki ghol kar hawá men rakhí jáwc to badbú jo kisí mariz yá sare húe medeh haiwání se nikaltí ho, usko sáf aur durust karne men qawwí hai.

Creta Preparata, yanc banáí húi khariyá.

F.—Antacid, yane dásfai túsír tezáb aur jázib hai, baárzah turshí medeh aur Diarrhoea, yanc daston ke dete hain. Jism ke úpar aise násúr parlagáte hain ki jismen se patlá mawád jaltá huá nikaltá ho.

Cupri Ammonio Sulphas, yane Ammonio Sulphate támbe ká.

F.—Muqawwí aur Antispasmodic, yane dásfai maror hai baárzah Chorea, yane rásha, aur Epilepsy, yane mirgí ke dete hain.

M.—Pao grain se pánch grain tak, darje badarje barháte hain, aur rotí ke gúde men do yá tín martabah ek din men istamál karte hain.

Liquor Cupri Ammonio Sulphatis, or Solution of Ammonio Sulphate of Copper.

U.—Detergent, and slightly Escharotic, when largely diluted it is employed to remove specks from the cornea of the eye.

Ferri Sulphas, or Sulphate of Iron.

U.—Tonic, Astringent, Emmenagogue and Anthelmintic; it is given in Chronic Dysentery.

D.—One to five grains, made into pills with the Extract of Gentian, and taken two or three times a day.

Ferri Sesquioxydum, or Sesquioxide of Iron.

U.—Tonic and Emmenagogue; given in cases of Tic-doloreux and other Nervous affections.

D.—In Tic-doloreux, half a drachm to one drachm, two or three times a day; in chorea, one to four drachms, every six hours.

Tinctura Ferri Sesquichloridi, or Tincture of Sesquichloride of Iron.

U.—Internally it is Tonic in Scrophula, in doses of ten minims to one drachm. In retention of urine, ten minims every ten minutes, until some relief is produced, and as a Styptic in Hæmorrhage from the Bladder, Kidneys, and Womb. Externally it is used as a Styptic in Cancerous and Fungous sores, and Venereal worts.

Ferri Potassio Tartras, or Potassio Tartrate of Iron.

U.—An excellent Tonic for children, mixed in any Aromatic water or jelly.

D.—Ten to thirty grains, two or three times a day.

Tinctura Ferri Ammonio Chloridum, or Tincture of Ammonio Chloride of Iron.

U.—Tonic, Emmenagogue and Aperient.

D.—One to two drachms in water, two or three times a day.

Liquor Cupri Ammonio Sulphatis, yane Solution Ammonio Sulphate támbe ká.

F.—Khárij kunindai áláish hai, aur badarjai khafí Escharotic, yane khánewálá murdár gosht ká, jabki bahut patlá kiyá jáwe to áñkh ke karíne se dágħ o nishán rafa kartá hai.

Ferri Sulphas, yane Sulphate lohe ká.

F.—Muqawwí, aur qábiz, aur Emmenagogue, yane haizáwar aur Anthelmintic, yane dáfai kirm hai; baárzah Chronic Dysentery, yane purání pechish ke dete hain.

M.—Bashamúl Extract Gentian ke ek grain se pánch grain tak milákar goliyán banáte hain, aur do yá tín martabah ek din men istamál karte hain.

Ferri Sesquioxydum, yane Sesquioxyde lohe ká.

F.—Muqawwí aur Emmenagogue, yane haizáwar hai, baárzah Tic-doloreux wa dígar awáriz nasoñ ke istamál karte hain.

M.—Baárzah Tic-doloreux, nisf drachm se ek drachm tak, do yá tín martabah ek din men, aur baárzah Chorea, yane ráshe ke, ek se chár drachm tak, bād do do pahar ke.

Tinctura Ferri Sesquichloridi, yane Tincture Sesquichloride lohe ká.

F.—Andar jism ke pahunche to yih dawá baárzah Scrophula muqawwí hotí hai, das minim se ek drachm tak dete hain, baárzah rukáo pesháb har das minute bād das minim dete hain, jab tak ki maraz ko ifáqa ho, aur baárzah hæmorrhage yane ijrái khún azmasánah wa gurdah wa rihm yih dawá Styptic, yane band karnewálí hai; aur báhar jism ke bataur Styptic zaķhm wo sartán aur Fungous zaķhm aur Venereal Wort par lagáte hain.

Ferri Potassio Tartras, yane Potassio Tartrate lohe ká.

F.—Wáste laṛkon ke bahut /umdah muqawwí dawá hai, kisi qism ke khushbúdár pání men, ya rub men milákar dete hain.

M.—Das grain se tís grain tak, ek din men do yá tín martabah.

Tinctura Ferri Ammonio Chloridum, yane Tincture Ammonio Chloride lohe ká.

F.—Muqawwí aur Emmenagogue, yane haizáwar aur mulayyan hai.

M.—Ek se do drachm tak, ek din men do yá tín martabah pání men dete hain.

Ferri Iodidum, or Iodide of Iron.

U.—Emmenagogue and Tonic, used in Scrophula, Secondary Syphilis, enlarged Spleen, and in Amennorrhœa.

D.—One to two grains, two or three times a day.

Hydrargyrum cum Creta, or Mercury with Chalk, commonly called “Grey Powder.”

U.—Alterative and Antacid, much used in Chronic Diarrhœa of children.

D.—Ten to thirty grains, mixed in jelly.

Hydrargyri Bichloridum, or Bichloride of Mercury or Corrosive Sublimate.

U.—Alterative, given in cases of Secondary Syphilis and Leprosy.

D.—One-eighth to one-fourth of a grain, two or three times a day.

Liquor Hydrargyri Bichloridi, or Solution of the Bichloride of Mercury.

U.—The same as the above, given in Linseed Tea or some mucilaginous Fluid.

D.—Half a drachm to two drachms, two or three times a day.

Hydrargyri Chloridum, or Chloride of Mercury, or Calomel.

U.—Purgative, Alterative, Antisyphilitic; a valuable remedy in affections of the Liver, Dropsies, Continued Fever, and Acute Rheumatism. It should never be given in Spleen, Scurvy, or Scrophula.

D.—Five to ten grains, as a Purgative, twenty grains as a Sedative in Cholera and Acute Dysentery, one or two grains, two or three times a day, in Syphilis to produce Salivation.

Hydrargyrum Ammonio Chloridum, or Ammonio Chloride of Mercury, or White Precipitate.

U.—Externally as an Alterative in form of an ointment, in cutaneous diseases. One drachm to one ounce of Lard.

Ferri Iodidum, yane Iodide lohc ká.

F.—Emmenagogue, yane haizáwar, aur muqawwí hai, baárzah Scrophula, yane kanthmálá, aur darjai doyam kí átshak ke aur bařhí húí tillí ke, aur Amennorrhœa, yane bastgí haiz ke dete hain.

M.—Ek grain se do grain tak, ek din men do yá tín martabah.

Hydrargyrum cum Creta, yane párá aur khariyá ki jisko aksar Grey Powder kahte hain.

F.—Alterative, yane durust kunandai jism aur muftil tásír tezáb baárzah Chronic Diarrhoea, yane puráne daston ke jo larkon ko láhaq ho dete hain.

M.—Das sc tís grain tak, jelly men milákar dete hain.

Hydrargyri Bichloridum, yane Bichloride páre ká, jisko Corrosive Sublimate, yane ruskapúr kahte hain.

F.—Alterative, yane sudhárnewálá hai, baárzah átshak darjai doyam ke, aur baárzah juzám ke dete hain.

M.—Aṭhweṇ hisse ek grain chaháram grain tak, ek din men do yá tín martabah.

Liquor Hydrargyri Bichloridi, yane Solution Bichloride párc ká.

F.—Iskí tásír misl tásír dawái mazkúrai bálá hai, aur Linseed Tea, yane chá alsí yá digar luábdár saiýál ke sáth dete hain.

M.—Nisf drachm se do drachm tak, ek din men do yá tín martabah.

Hydrargyri Chloridum, yane Chloride páre ká, jisko Calomel yane kushtai párú kahte hain.

F.—Mushil aur Alterative, yane badan sudhárnewálá, aur Antisyphilitic, yane dáṣai átshak, bawástai amráz kalejá aur istisqá aur tap dawám aur hai shadíd ke bahut үmdah dawá hai, baárzah tihál aur Scurvy, yane khá rash aur Scrophula, yane kanthmálá ke istamál is dawá ká aslan na kiyá jáwe.

M.—Páñch grain se das grain tak mushil hai, bíś grain baárzah haiza aur Dysentery, yane daston shadíd ke árám dihandah hai, ek yá do grain do yá tín martabah ek din men baárzah átshak wáste Salivation, yane múñh láne ke dete hain.

Hydrargyrum Ammonio Chloridum, yane Ammonio Chloride páre ká ki jisko White Precipitate, yane sufaid páre ká kahte hain.

F.—Jism par lagáne ko bashakli marham, yih dawá Alterative, yane sudhárnewálí aur ba awáriz jildí kám átí hai, yih dawá baqadar ek drachm ke ek ounce charbí men milákar lagáte hain.

Hydrargyri Oxydum, Oxyde of Mercury, or black Oxyde of Mercury.

U.—Alterative, made into Pills, but very seldom given.

D.—One to three grains, twice a day.

Hydrargyri Binoxidum, or Binoxide of Mercury or Red Precipitate.

U.—Alterative, but seldom given internally; externally it is employed as a Caustic and Escharotic.

D.—One grain, twice a day, with half grain of Opium in each dose.

Hydrargyri Nitrico Oxydum, or Nitric Oxyde of Mercury.

U.—Employed externally only as an Escharotic.

Hydrargyri Bicyanidum, or Bicyanide of Mercury.

U.—In making the preparation of Prussic Acid.

Hydrargyri Iodidum, or Iodide of Mercury.

U.—Alterative, given in Scrophulous and Syphilitic affections; it is also employed in form of an ointment in similar diseases.

D.—Half a grain to three grains, daily.

Hydrargyri Biniodidum, or Biniodide of Mercury.

U.—Alterative, given in Scrophula and Syphilis.

D.—Half grain to one grain, daily.

Hydrargyri Bisulphuretum, or Bisulphuret of Mercury.

U.—It is only employed for Fumigations, by placing half a drachm of it on a piece of red hot iron.

Hydrargyri Sulphuretum cum Sulphure, or Sulphuret of Mercury with Sulphur.

U.—Alterative, seldom or ever given.

D.—Five to thirty grains daily.

Magnesia Calcinatus, or Calcined Magnesia.

U.—Antacid and Aperient.

D.—Five grains to one drachm.

Hydrargyri Oxydum, yane Oxyde páre ká, ki jisko siyáh Oxyde páre ká kahte hain.

F.—Alterative, yane sudhárnewálí goliyán banáte hain, magar bahut sház istamál kí játí hain.

M.—Ek grain se tín grain tak, ek din men do martabah.

Hydrargyri Binoxydum, yane Binoxide páre ká, jisko surkh Precipitate kahte hain.

F.—Alterative, yane sudhárnewálí hai, andar jism ke bahut kam mustamil hotí hai; jism ke úpar bataur Caustic, yane tezáb, aur Escharotic, yane khánewálí murdár gosht kí lagáte hain.

M.—Ek grain, do martabah ek din men, har miqdár men nisf grain afyún ká milákar dete hain.

Hydrargyri Nitrico Oxydum, yane Nitric Oxyde páre ká.

F.—Sirf báhar jism par lagáte hain, tásír uskí Escharotic, yane khánewálí murdár gosht kí hai.

Hydrargyri Bicyanidum, yane Bicyanide páre ká.

F.—Yih dawá wáste banáne Prussic Acid ke kám átí hai.

Hydrargyri Iodidum, yane Iodide páre ká.

F.—Alterative, yane sudhárnewálí hai, baárzah Scrophula, yane kanthmálá ke aur átshak ke dete hain; aur is qism ke amráz men bataur marham bhí lagáte hain.

M.—Nisf grain se tín grain tak, har roz.

Hydrargyri Biniodidum, yane Biniodide páre ká.

F.—Alterative, yane sudhárnewálí hai, baárzah Scrophula, yane kanthmálá aur Syphilis, yane átshak ke dete hain.

M.—Nisf grain se ek grain tak, har roz.

Hydrargyri Bisulphuretum, yane Bisulphuret páre ká, yane shingarf.

M.—Nisf drachm lál garm kiye hue lohe men rakh kar dhúní dete hain.

Hydrargyri Sulphuretum cum Sulphure, yane Sulphurate páre ká sáth gandhak ke.

F.—Alterative, yane sudhárnewálí hai, yih dawá bahut shá tamil hai.

M.—Páneh grain se tís grain tak, har roz.

Magnesia Calcinatus, yane Calcined Magnesia.

F.—Antacid, yane muttil tásír tezáb aur mulayyan hai.

M.—Páneh grain se ek drachm tak.

***Magnesia Carbonas*, or Carbonate of Magnesia.**

U.—Antacid, Purgative, and Lithontriptic.

D.—One scruple to one drachm, two or three times a day.

***Magnesia Sulphas*, Sulphate of Magnesia, or Epsom Salts.**

U.—Purgative; this Medicine should never be given when Cholera is prevalent, as it is apt to occasion profuse and exhausting evacuations, thus bringing on that disease.

D.—Four drachms to one ounce.

***Plumbi Acetas*, Acetate of Lead, or Sugar of Lead.**

U.—A valuable Astringent both for Internal and External use, in Diarrhoea and Dysentery in doses of two or three grains, two or three times a day, also in Pulmonary and Intestinal Haemorrhages. Externally as an ointment in Gonorrhœa, and as an eye-wash in Ophthalmia.

Scr

***Liquor Plumbi Diacetatis*, Solution of Diacetate of Lead, or “Goulard Lotion.”**

U.—Astringent, used externally in superficial and phlegmonic inflammations of the skin.

***Plumbi Chloridum*, or Chloride of Lead.**

U.—Employed in the preparation of the Muriate of Morphia.

***Plumbi Iodidum*, or Iodide of Lead.**

U.—Alterative, given in cases of Indolent swellings, painful Scrophulous Tumours, and Ulcerations; also made into an ointment, and used for the same diseases.

D.—Quarter to half a grain made into pills with bread crumbs, and taken two or three times a day.

***Plumbi Oxydum Hydratum*, or Hydrated Oxyde of Lead.**

U.—For preparing the Disulphate of Quinine.

***Potassæ Carbonas*, or Carbonate of Potash.**

U.—Antacid and Diuretic, given in Milk or Mucilage.

D.—Ten to thirty grains.

Magnesia Carbonas, yane Carbonate Magnesia ká.

F.—Antacid, yane mubtil tásír tezáb aur mushil aur Lithontrip-
tic, yane sangmasáne ko galátí hai.

M.—Ek scruple se ek drachm tak, do yá tín martabah ek din
men.

Magnesia Sulphas, yane Sulphate Magnesia, ki jisko Epsom Salts
kahte hain.

F.—Mushil hai, jabki haizá ghálib ho, to us waqt istamál is dawá
ká hargiz na kiyá jáwe, isliye ki usse badarjai gháyat istafrágh hotá
hai, ki medeh is qadar khálí ho játá hai aur haizá láhaq ho játá hai.

M.—Chár drachm se ek ounce tak.

Plumbi Acetas, yane Acetate shishah ká, ki jisko Sugar of Lead
kahte hain.

F.—Wáste istamál karne andar yá báhar jism ke, yih dawá bahut
ümdah qábiz hai, baárzah Diarrhœa, yane ishál raqíq, aur Dysentery,
yane pechish ke, bamiqdár do yá tín grain ek din men, do yá tín
martabah; baárzah Hœmorrhage, yane khún nikálne ke plepré se
aur antaryoṇ se istamál karte hain. Báhar jism ke bataur pichkári
bamaraz suzák ke, aur wáste dhone áñkh ke baárzah Ophthalmia ke
men lagáte hain.

Liquor Plumbi Diacetatis, yane Diacetate shishah ká, jisko Goulard
Lotion kahte hain.

F.—Qábiz hai, baárzah jildí aur balghami sozish post ke úpar
jism ke lagáte hain.

Plumbi Chloridum, yane Chloride shishah ká.

F.—Muriate of Morphia kí tarkíb men kám átá hai.

Plumbi Iodidum, yane Iodide shishah ká.

F.—Alterative, yane durust kunindai jism hai, baárzah waram
derpá ke aur kanthmálá ki jismen taklíf hotí ho, aur násúr ke ista-
mál karte hain, aur inhín amráz men bataur marham lagáte hain.

M.—Chaháram se nisf grain tak rotí ke góde ke sáth golí baná
kar, do yá tín martabah ek din men dete hain.

Plumbi Oxydum Hydratum, yane Hydrated Oxyde shishah ká.

F.—Wáste banáne Disulphate Quinine ke kám átá hai.

Potassæ Carbonas, yane Carbonate Potash ká.

F.—Antacid, yane bátil kunandai tásír tezáb aur mudir hai,
dúdh yá luáb ke sáth dete hain.

M.—Das se tís grain tak.

Liquor Potassæ Carbonatis, or Solution of the Carbonate of Potash.

U.—As above.

D.—Ten minims to a drachm, two or three times a day.

Potassæ Bicarbonas, or Bicarbonate of Potash.

U.—The same as the above.

D.—Ten to thirty grains.

Liquor Potassæ Effervescens, or Effervescent Solution of Potash.

U.—The same as the above.

D.—Four to eight ounces.

Liquor Potassæ, or Solution of Potash.

U.—Antacid, Diuretic, Alterative and Lithontriptic, useful in some cutaneous diseases of the skin as Leprosy, Psoriasis, &c. It may be given in Milk, Broth, or good Beer.

D.—Ten minims to half a drachm, two or three times a day.

Potassæ Hydras, or Hydrate of Potash.

U.—Externally only as an Escharotic.

Potassæ cum Calce, or Potash with Lime.

U.—The same as the above. Both these articles must be kept in well stoppered bottles, as they are very deliquescent.

Potassæ Acetas, or Acetate of Potash.

U.—Diuretic in doses of one scruple to a drachm, and Cathartic in doses of two to three drachms.

Potassæ Sulphas, or Sulphate of Potash.

U.—Seldom or ever given by itself, but chiefly used in preparing Dover's Powder.

D.—Ten grains to four drachms.

Potassæ Bisulphas, or Bisulphate of Potash.

U.—Given with other purgatives, especially Rhubarb.

D.—Ten grains to one drachm.

Potassæ Tartras, or Tartrate of Potash.

U.—A mild Purgative.

Liquor Potassæ Carbonatis, yane Solution Carbonate Potash ká.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai.

M.—Das minim se ek drachm tak, do yá tín martabah ek din men.

Potassæ Bicarbonas, yane Bicarbonate Potash ká.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai.

M.—Das grain se tís grain tak.

Liquor Potassæ Effervescens, yane Effervescing Solution Potash ká.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai.

M.—Chár ounce se áth ounce tak.

Liquor Potassæ, yane Solution Potash ká.

F.—Antacid, yane multili tásír tezáb, aur mudir, Alterative, yane sudhárnewálí aur Lithontripic, yane gudázindai sangmasáná hai, baamráz jildi jaise juzám aur Psoriasis waghairá ke istamál karte hain, aur dúdh, yá shorbe, yá achchhí sharáb Beer ke sáth píte hain.

M.—Das minim se nisf drachm tak, ek din men do yá tín martabah.

Potassæ Hydras, yane Hydrate Potash ká.

F.—Bahár jism ke wáste paidá karne tásír Escharotic, yane galáne ke lagáte hain.

Potassæ cum Calce, yane Potash milá huá chúne ká.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai. Yih do dawáen achchhlí tarah se munh band kí huí botal men rakkhí jáwen, isliye ki yih donon chízen deliquescent hotí hain, yane hawá se pighal jatí hain.

Potassæ Acetas, yane Acetate Potash ká.

F.—Mudir hai bích miqdár ek scruple se ek drachm tak, aur mushil hai bích miqdár do yá tín drachm tak.

Potassæ Sulphas, yane Sulphate Potash ká.

F.—Kabhí kabhí yih díjatí hai eklá, magar beshtar istamál men átí hai bích taiyár karne Dover's Powder ke.

M.—Das grain se chár drachm tak.

Potassæ Bisulphas, yane Bisulphate Potash ká.

F.—Yih díjatí hai bashamúl aur mushilon ke, khusúsan reward chíní.

M.—Das grain se ek drachm tak.

Potassæ Tartras, yane Tartrate Potash ká.

F.—Muláim mushil hai.

Potassii Bromidum, or Bromide of Potassium.

U.—Given in cases of Enlarged Spleen.

D.—Three to ten grains, two or three times a day.

Potassii Iodidum, or Iodide of Potassium.

U.—Alterative, given in Scrophula, Chronic Rheumatism and Secondary Syphilis, in infusion of Ununtamool, or Sarsaparilla.

D.—Three to ten grains, three times a day.

Potassii Sulphuretum, or Sulphuret of Potassium.

U.—Internally it is seldom given; externally it is employed in several cutaneous diseases, especially in Itch in children.

Sodæ Carbonas, or Carbonate of Soda.

U.—Antacid and Diuretic.

D.—Ten to thirty grains, two or three times a day.

Sodæ Carbonas Exsiccata, or Dried Carbonate of Soda.

U.—The same as the above.

D.—Five to fifteen grains, two or three times a day.

Sodæ Sesquicarbonas, or Sesquicarbonate of Soda.

U.—The same as above, it is also employed in making Effervescent Powders with Tartaric Acid.

D.—Ten to thirty grains.

Sodæ Sulphas, or Sulphate of Soda.

U.—Purgative.

D.—Four drachms to two ounces.

Sodæ Potassio Tartras, or Potassio Tartrate of Soda.

U.—Purgative.

D.—Two drachms to one ounce.

Liquor Sodæ Chlorinatæ, or Solution of the Chlorinated Soda, or “Labarraque’s Disinfecting Fluid.”

U.—It is employed for fumigating rooms, and destroying the smell of decaying animal matter. It is also used in bleaching cloth.

Sodæ Murias, Muriate of Soda, or Common Salt.

U.—A table spoonful dissolved in water, acts as a speedy Emetic.

Potassii Bromidum, yane Bromide Potassium ká.

F.—Yih díjátí hai warm tihál men.

M.—Tín grain se das grain tak, do yá tín martabah ek din men.

Potassii Iodidum, yane Iodide Potassium ká.

F.—Alterative, yane sudhárnewálí díjátí hai, baamráz kanthmálá derpá gaṭhyá kure, átshak kohná hamráh khisándah Ununtamool, yá Sarsaparilla, yane Ushba ke.

M.—Tín grain se das grain tak, tín martabah ek din men.

Potassii Sulphuretum, yane Sulphuret Potassium ká.

F.—Kabhí kabhí baistamál andarúní kám átí hai, báhari istamál men átí hai bich muḥtalif bímárión jildí ke, maḥsús bich khárish larkon ke.

Sodæ Carbonas, yane Carbonate Soda ká.

F.—Antacid aur Diuretic, yane mudir hai.

M.—Das grain se tís grain tak, do yá tín martabah ek din men.

Sodæ Carbonas Exsiccata, yane khushk Carbonate Soda ká.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai.

M.—Pánch grain se pánrah grain tak, do yá tín martabah ek din men.

Sodæ Sesquicarbonas, yane Sesquicarbonate Soda ká.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai, yih bich taiyár karne safúf bulbulé uṭhánnewálí adwiya ke kám men átí hai, baistamál Tartaric Acid.

M.—Das grain se tís grain tak.

Sodæ Sulphas, yane Sulphate Soda ká.

F.—Mushil.

M.—Chár drachm se do ounce tak.

Sodæ Potassio Tartras, yane Potassio Tartrate Soda ká.

F.—Mushil.

M.—Do drachm se ek ounce tak.

Liquor Sodæ Chlorinatæ, yane Solution Chlorinated Soda ká, yá “Labarraque’s Disinfecting Fluid.”

F.—Yih bich dhúní dene kamron makánát, aur dáfai karne afúnat maddah hawíane ke. Bich sused karne kapron ke bhí istamál hotí hai.

Sodæ Murias, yane Muriate Soda ká, yá mashhúr namak.

F.—Ek chámmach mez ká jo pání men galáwe, to fauran iskí tásír se qai hotí hai.

Zinci Sulphas, or Sulphate of Zinc.

U.—Internally it is Tonic and Astringent, given in Dysentery, dose one to four grains, three times a day, made into Pills. As an Emetic, dose from ten to thirty grains. Externally it is used in lotions and ointment as an Astringent.

Zinci Oxydum, or Oxide of Zinc.

U.—Tonic made into Pills.

D.—One to six grains, twice a day.

Mistura Acacie, or Mixture of Gum Arabic.

U.—Mucilagenous, may be taken in any quantity.

Mistura Ammoniaci, or Mixture of Ammoniacum.

U.—Expectorant, given in Chronic Coughs, combined with Tincture of Squills.

D.—Four drachms to one ounce, three or four times a day.

Mistura Amygdalæ, or Almond Mixture.

U.—Demulcent and Diluent, may be taken in any quantity.

Mistura Assafætidae, or Mixture of Assafætida.

U.—Antispasmodic, given in Hysterics, and in convulsion of children arising from dentition. It is also given in Enemas for Worms.

D.—Four drachms to one ounce.

Mistura Camphoræ, or Camphor Mixture.

U.—Stimulant, given in the Collapse of Fever and Cholera, Syncope, and many other diseases of debility.

D.—One to two ounces, every two or three hours.

Mistura Cascarillæ Composita, or Compound Mixture of Cascarilla.

U.—Stimulant and Expectorant.

D.—One to one ounce and a half, twice a day.

Zinci Sulphas, yane Sulphate Zinc ká.

F.—Baistamál andarúni muqawwí aur qábiz hai, Dysentery, yane pechish men bamiqdár ek grain se chár grain tak, tím matabah ek din men, golion men istamál hotí hai. Jabki das grain se tíe grain tak dijáti hai, to muqai hai. Báhari istamál iská Lotions aur marmham men hotá hai jaisá ki Astringent.

Zinci Oxydum, yane Oxide Zinc ká.

F.—Muqawwí, iskí golián bantí hain.

M.—Ek grain se chár grain tak, do matabah ek din men.

Mistura Acaciae, yane Mixture Samugh Urubí ká.

Fáidah.—Mucilagenous, yane luábdár diyá játá hai baqadar hájat.

Mistura Ammoniaci, yane Mixture Ammoniacum ká.

F.—Expectorant, yane dáfai balgham diyá játá hai khápsí parární men, jismen miláyá játá hai Tincture Squills ká.

M.—Chár drachm se ek ounce tak, tím yá chár matabah ek din men.

Mistura Amygdale, yane Mixture bádám ká.

F.—Demulcent, yane tar karnewáli, aur Diluent, yane rafiq dí játí hai baqadár hájat.

Mistura Assafetidae, yane Mixture híng ká.

F.—Antispasmodic, yane dáfai tashannuj, baárzah Hysterics ke diyá játá hai, aur bích bímári ainqh maroq lárkoq kí men, jab ki dágít unke nikalte hain. Yih bích pichkári kíroq ke bhí dijáti hai.

M.—Chár drachm se ek ounce tak.

Mistura Camphoræ, yane Mixture káfúr ká.

F.—Stimulant, yane mufarrir bahálat behoshí, tap, haizá, gasht, aur bahut bímárión kamzorí ke istamál hotá hai.

M.—Ek ounce se do ounce tak, harek do yá tím ghanṭe ke bád.

Mistura Cascaria Composita, yane murakkab mixture Cascarilla ká.

F.—Stimulant, yane mufarrir aur Expectorant, yane dáfai balgham.

M.—Ek ounce se derh ounce tak, do matabah ek din men.

Oleum Anisi, or Oil of Anisseed.

Oleum Anthemidis, or Oil of Chamomile.

Oleum Carui, or Oil of Carraway.

Oleum Juniperi, or Oil of Juniper.

Oleum Lavandulæ, or Oil of Lavender.

Oleum Menthae Piperitæ, or Oil of Peppermint.

Oleum Menthae Pulegii, or Oil of Pennyroyal.

Oleum Menthae Viridis, or Oil of Spearmint.

Oleum Origani, or Oil of Marjoram.

Oleum Pimentæ, or Oil of Pimenta.

Oleum Rosmarini, or Oil of Rosemary.

Oleum Sambuci, or Oil of Elder flowers.

Mistura Scammoniae, yané Mixture Saqmúniyá ká.

F.—Drastic Purgative, yané mushil tés.

M.—Ek ounce se tín ounce tak.

Mistura Spiritus Vini Gallici, yané Mixture Spirit Fransísh aharáb ká.

F.—Stimulant, yané mufarrir aur muqawwí, ákhir hálat tap ke dí játí hai.

M.—Chár drachm se dērh ounce tak, kabhí kabhí.

Mistura Tragacanthæ, yané Mixture Tragacanth ká.

F.—Mucilagenous, yané luábdár diyá játá hai, baqadar hájat. Yih beshtar bich taiyár karne louzyát ke istamál hotá hai.

Oleum Anisi, yané roghani bádyán.

Oleum Anthemidis, yané roghan i bábúna.

Oleum Carui, yané roghan i zíra.

Oleum Juniperi, yané roghan i Juniper.

Oleum Lavandulae, yané roghan i Lavender.

Oleum Menthae Piperitæ, yané roghan i Peppermint.

Oleum Menthae Pulegii, yané roghan i Pennyroyal.

Oleum Menthae Viridis, yané roghan i Spearmint.

Oleum Origani, yané roghan i Marjoram.

Oleum Pimentæ, yané roghan i Pimenta.

Oleum Rosmarini, yané roghan i Rosemary.

Oleum Sambuci, yané roghan i gul i Elder.

Oleum Succini, yané roghan i kabrúba.

Fáidah.—Muhrriq aur Carminative, yané dáfai bái.

Miqdár.—Do yá tím qatre, Spirit of Wine men milákar istamál karte hain.

Roghan i Bergamot.

F.—Aksar batanx khushbú ke kám átá hai.

Roghan i Copaiba.

F.—Mudir hai, aksar baársah susák ke dete hain.

M.—Das minaj se pandrah minim tak, do yá tím din men, kisí Mucilagenous, yané luábdár aaiyá ka. karte hain.

Pilulae Aloes Composita, or Compound Pill of Aloes.

Use.—Purgative, Tonic, and Stomachic, given in cases of habitual costiveness.

Dose.—Ten to twenty grains.

Pilulae Aloes cum Myrrhd, or Pill of Aloes with Myrrh.

U.—Stimulant and Aperient.

D.—Ten to twenty grains.

Pilulae Conii Composita, or Compound Pills of Hemlock.

U.—Antispasmodic, Diaphoretic and Sedative.

Pilula Aloes Composita, yane murakkab golí sibr kí.

Fáidah.—Mushil aur muqawwí medeh hai, aur házim baárzahi qabzadí ke dete hain.

Miqdár.—Das grain se bís grain tak.

Pilula Aloes cum Myrrhá, yane golí sibr mai murr ke.

F.—Muharriq aur mulayyan hai.

M.—Das se bís grain tak.

Pilula Conii Composita, yane murakkab golí Hemlock kí.

F.—Antispasmodic, yane dáfai maror, aur muharriq, aur musakin hai.

M.—Pánch se das grain tak, do yá tín martabah ek din men.

Pilula Ferri Composita, yane murakkab golí lohe kí.

F.—Muqawwí aur muharriq hai.

M.—Das se tís grain tak.

Pilula Galbani Composita, yane murakkab golí Galbanum kí.

F.—Antispasmodic, yane dáfai maror, aur muharriq, Emmenagogue, yene haináwar hai.

M.—Das se bís grain tak.

Pilula Gambogiae Composita, yane murakkab golí shirai rewand kí.

D.—Five to ten grains.

Pilula Hydrargyri Iodidi, or Pills of Iodide of Mercury.

U.—Alterative, given in Scrophula.

D.—Three to ten grains.

Pilula Ipecacuanhae Composita, or Compound Pills of Ipecacuanha.

U.—Sudorific and Narcotic.

D.—Five grains, three times a day, or ten grains, at bedtime.

Pilula Kaladannae, or Kaladanna Pills.

U.—An excellant Cathartic.

D.—Ten to twenty grains.

Pilula Opii cum Acetate Plumbi, or Pills of Opium and Acetate of Lead.

U.—Anodyne and Astringent, given in Incipient Cholera, and in Acute, and Chronic Dysentery.

D.—Five to ten grains.

Pilula Rhei Composita, or Compound Pills of Rhubarb.

U.—Laxative.

D.—Ten to thirty grains.

Pilula Sagapeni Composita, or Compound Pills of Sagapenum.

U.—Antibilious and Laxative, given in Colic, caused by Sedentary occupations.

D.—Five to ten grains.

Pilula Saponis Composita, or Compound Pills of Soap.

U.—Narcotic.

D.—Three to ten grains.

Pilula Scilli Composita, or Compound Pills of Squill.

U.—Expectorant and Diuretic.

D.—Ten to twenty grains.

Pilulae Hydrargyri Chloridi Composita, yane murakkab goliyán Chloride páre kí, jisko Plummer's Pill kahte hain.

F.—Alterative, yane sudhárnewálí hai baamráz jildí aur átshak darjai doyam ke dete hain.

M.—Páñch se das grain tak.

Pilulae Hydrargyri Iodidi, yane golí Iodide páre kí.

F.—Alterative, yane sudhárnewálí hai, baárzahi Scrophula, yane kanthmálá ke dete hain.

M.—Tín se das grain tak.

Pilulae Ipecacuanhae Composita, yane murakkab golí Ipecacuanha kí.

F.—Muharriq aur sun karnewálí hai.

M.—Páñch grain, ek din men tín martabah, yá das grain sote waqt.

Pilulae Kaladannae, yane golí Kaladanna kí.

F.—Umdah mushil hai.

M.—Das se bíś grain tak.

Pilulae Opii cum Acetate Plumbi, yane golí afyún aur Acetate shíshah kí.

F.—Musakkin aur qábiz hai, baárzahi Incipient Cholera, yane ibtidá haize ke, aur Acute, yane shadíd, aur Chronic, yane derpá árzái Dysentery, yane pechish ke dete hain.

M.—Páñch grain se das grain tak.

Pilulae Rhei Composita, yane murakkab golí rewand chíní kí.

F.—Mulayyan hai.

M.—Das se tís grain tak.

Pilulae Sagapeni Composita, yane murakkab golí Sagapenum kí.

F.—Antibilious, yane dásfai pit aur mulayyan aur dastáwar hai, baárzahi qúling ke, jo basabab aise peshe yá kám ke láhaq ho jismen baithná partá ho, iskí golí istamál karte hain.

M.—Páñch se das grain tak.

Pilulae Saponis Composita, yane murakkab golí sábun kí.

F.—Muskir hai.

M.—Tín se das grain tak.

Pilulae Scillæ Composita, yane murakkab golí Squill kí.

F.—Expectorant, yane dásfai balgham aur mudir hai.

M.—Das se bíś grain tak.

Pilulae Styracis Composita, or Compound Pills of Storax.

U.—Balsamic, and slightly Expectorant, given in Chronic affections of the Lungs.

D.—Three to ten grains.

Pulvis Aloes Compositus, or Compound Powder of Aloes.

Use.—Cathartic and Sudorific.

Dose.—Ten to twenty grains.

Pulvis Cinnamomi Compositus, or Compound Powder of Cinnamon.

U.—Stimulant and Aromatic, generally given in some Aromatic Water.

D.—Five to ten grains.

Pulvis Cretæ Compositus, or Compound Powder of Chalk.

U.—Astringent and Antacid.

D.—Five to thirty grains.

Pulvis Cretæ Compositus cum Opio, or Compound Powder of Chalk with Opium.

U.—Astringent, Antacid, and Anodyne.

D.—Five to thirty grains.

Pulvis Ipecacuanhae Compositus, or Compound Powder of Ipecacuanha, or Dover's Powder.

U.—Sudorific and Anodyne, given in cases of Rheumatism and Dysentery.

D.—Five to twenty grains.

Pulvis Jalapæ Compositus, or Compound Powder of Jalap.

U.—Purgative.

D.—Twenty to forty grains.

Pulvis Kino Compositus, or Compound Powder of Kino.

U.—Aromatic, Astringent, and Sedative.

D.—Five to twenty grains.

Kuchila, or Mulung Powder.

U.—A powerful convulsive Tonic, producing the same effects as Strichnine and Brucine preparations.

D.—One grain, gradually increased.

Pilulæ Styracis Composita, yané murakkab golí Storax, yané salajit kí.

F.—Balsamic, yané ifáqa dihandah, aur dásfai balgham hai, badar-jai ķafíf aur baárzahi kohnah bímári phepre ke dete hain.

M.—Tín se das grain tak.

Pulvis Aloes Compositus, yané murakkab ūafúf sibr ká.

Fáidah.—Mushil aur muharrik hai.

Miqdár.—Das se bís grain tak.

Pulvis Cinnamomi Compositus, yané murakkab safúf dárchíní ká.

F.—Muharrik aur ķushbúdár hotá hai, aksar ķushbúdár pání men istámál iská karte hain.

M.—Páñch se das grain tak.

Pulvis Cretæ Compositus, yané murakkab safúf khariyá ká.

F.—Qábiz aur Antacid, yané dásfai tásír tezáb hai.

M.—Páñch se bís grain tak.

Pulvis Cretæ Compositus cum Opio, yané murakkab safúf khariyá aur afyún ká.

F.—Qábiz, aur Antacid, yané mubtil tásír tezáb, aur musakkin hai.

M.—Páñch se tís grain tak.

Pulvis Ipecacuanhæ Compositus, yané murakkab safúf Ipecacuanha ká, jisko Dover's Powder kahte hain.

F.—Muharrik aur musakkin hai, baárzah Dysentery, yané pe-chish aur gaṭhiyá ke dete hain.

M.—Páñch se bís grain tak.

Pulvis Jalapæ Compositus, yané murakkab safúf Jalap ká.

F.—Mushil hai.

M.—Bíz se chálís grain tak.

Pulvis Kino Compositus, yané murakkab safúf Kino ká.

F.—Khushbúdár, aur qábiz, aur áram dihandah hai.

M.—Páñch se bís grain tak.

Kuchila, yané safúf Mulung ká.

F.—Qawwí aur ainthnewálá safúf hai, uskí tásír misl tásír dawái Strychnine aur Brucine ke hai.

M.—Ek grain se darja badarja barháte hain.

*Karanjwa Powder.**U.*—Tonic and Febrifuge.*D.*—Six to twenty grains, three times a day.*Compound Powder of Mudar.**U.*—An excellant substitute for Ipecacuanha, only given double the quantity of the Mudar for the Ipecacuanha.*Pulvis Rhei Compositus*, or Compound Rhubarb Powder, or Gregory's Powder.*U.*—Antacid and Aperient, much given to children.*D.*—Five grains to one drachm.*Pulvis Sahiba*, or Worm Seed Powder.*U.*—Vermifuge, given to children.*D.*—Three to ten grains.*Pulvis Scammonii Compositus*, or Compound Powder of Scammony.*U.*—Purgative.*D.*—Five to twenty grains.*Pulvis Tragacanthæ Compositus*, or Compound Powder of Tragacanth.*U.*—Demulcent, given in colds, Diarrhœa and Dyseutery.*D.*—Ten grains to one drachm.*Syrupus Althæa*, or Syrup of Marshmallow.*Use.*—Demulcent and Mucilagenous.*Dose.*—One to four drachms.*Syrupus Aurantii*, or Syrup of Orange peel.*U.*—Aromatic and Stomachic.*D.*—One to four drachms.*Syrupus Crini*, or Syrup of Kanoor.*U.*—Nauseating and Emetic for Children, repeated as often as required, every half hour.*D.*—Two to four drachms.*Syrupus Croci*, or Syrup of Meadow Saffron.*U.*—Chiefly for colouring Medicines.

Safúf Karanjwá.

F.—Muqawwí aur dásai bukhár hai.

M.—Chhah se bíz grain tak, ek din men tín martabah.

Murakkab safúf Mudár ká.

F.—Yih dawá bajái Ipecacuanha ke ुmdah awah tajwíz huá hai, magar banisbat miqdár Ipecacuanha ke dugní díjátí hai.

Pulvis Rhei Compositus, yané murakkab safúf rewand chíní ká, jisko Gregory ká Powder kahte hain.

F.—Antacid, yané dásai tásír tezáb aur mulayyan hai, aksar larkon ko dete hain.

M.—Páñch grain se ek drachm tak.

Pulvis Saheba, yané safúf tukhm kíron ká.

F.—Vermifuge, yané dásai kirm hai, larkon ko dete hain.

M.—Tín se das grain tak.

Pulvis Scammonii Compositus, yané murakkab safúf Saqmúnia ká.

F.—Mushil hai.

M.—Páñch se bíz grain tak.

Pulvis Tragacanthæ Compositus, yané murakkab safúf Tragacanth, yané katíre ká.

F.—Mulayyan hai, baamráz sardí aur Diarrhœa, yané ishál raqíq, aur Dysentery, yané pechish ke dete hain.

M.—Das grain se ek drachm tak.

Syrupus Althæa, yané shírah Marshmallow ká.

Fáidah.—Tar karnewálá, aur Mucilagenous, yané luábdár hai.

Miqdár.—Ek se chár drachm tak.

Syrupus Auranti, yané shírah post rangtare ká.

F.—Khushbúdár aur mušíd medeh hai.

M.—Ek se chár drachm tak.

Syrupus Crini, yané shírah kánúr ká.

F.—Nafrat paidá kunandah aur qaiáwar hai, larkon ko dete hain, baqadar zarúrat jai martabah cháhiye wai martabah diyá jáwe, bád ádh ádh ghanṭe ke.

M.—Do se chár drachm tak.

Syrupus Croci, yané shírah zafrán Meadow ká.

F.—Aksar wáste rang dene adwiyát ke mustamil hai.

Syrupus Limonum, or Syrup of Lemons.

U.—A pleasant Acid Syrup, given in effervescing draughts.

D.—One to four drachms.

Syrupus Mori, or Syrup of Mulberries.

U.—A red Syrup, chiefly for colouring Medicines.

Syrupus Papaveris, or Syrup of Poppy Heads.

U.—Anodyne and Narcotic, chiefly given to children.

D.—One to four drachms.

Syrupus Rhamni, or Syrup of Buckthorn.

U.—Cathartic, very seldom given.

D.—Four drachms to one ounce.

Syrupus Rhæados, or Syrup of Red Poppy.

U.—Chiefly for colouring Medicines.

Syrupus Rosæ, or Syrup of Rose.

U.—Slightly Purgative, chiefly given to babies.

D.—Two drachms to one ounce.

Syrupus Sarzæ, or Syrup of Sarsaparilla.

U.—Alterative and Diuretic, chiefly employed in the Decoction and Infusion of Sarsaparilla.

D.—Four drachms to one ounce.

Syrupus Scillæ, or Syrup of Squills.

U.—Nauseating for children, given in Hooping Cough.

D.—One drachm occasionally.

Syrupus Sennæ, or Syrup of Senna.

U.—Purgative, given to children.

D.—Two to four drachms.

Syrupus Tolutani, or Syrup of Tolu.

U.—To give a pleasant flavour to Medicines.

D.—One to four drachms.

Syrupus Ununtamool, or Syrup of Hemidesmus, and Syrup of China root or chob chincee.

U.—The same as the Syrup of Sarsaparilla.

Syrupus Zingiberis, or Syrup of Ginger.

U.—Stimulant and Aromatic.

D.—Two drachms to one ounce.

Syrupus Limonum, yané shírah Limon ká.

F.—Tursh áur záiqadár hotá hai, Effervescing tabridat men milá-kar dete hain.

M.—Ek se chár drachm tak.

Syrupus Mori, yané shírahi shahtút.

F.—Yih shírah surkh rang hotá hai, aksar adwyát ke rang dene men kám átá hai.

Syrupus Papaveris, yané shírah post ká.

F.—Musakkin aur muskir hai, aksar larkon ko dete hain.

M.—Ek se chár drachm tak.

Syrupus Rhamni, yané shírahi Buckthorn.

F.—Mushil hai, bahut kam istamál iská karte hain.

M.—Chár drachm se ek ounce tak.

Syrupus Rhæados, yané shírah post surkh ká.

F.—Aksar wáste rang dene adwyát ke kám átá hai.

Syrupus Rosæ, yané shírah guláb ká.

F.—Badarjai khafif dastawar hai, aksar bachchon ko dete hain.

M.—Do drachm se ek ounce tak.

Syrupus Sarsæ, yané shírah ushbá ká.

F.—Alterative yané sudhárnewálá aur mudir hai, aksar joshánp-dah aur khisándah ushbá men dálá játá hai.

M.—Chár drachm se ek ounce tak.

Syrupus Scillæ, yané shírahi Squill.

F.—Nafrat paidá kunandah hai, larkon ko baárzahi kúkar khánsí ke dete hain.

M.—Ek drachm kabhí kabhí.

Syrupus Sennæ, yané shírah Senna ká.

F.—Mushil hai, larkon ko dete hain.

M.—Do se chár drachm tak.

Syrupus Tolutani, yané shírah Tolu ká.

F.—Wáste záiqadár karne adwyát ke kám átá hai.

M.—Ek se chár drachm tak.

Syrupus Ununtamool, yané shírah Hemidesmus ká, aur shírah chob chíní ká.

F.—Tásír inkí misl tásír shírah ushbá ke hai.

Syrupus Zingiberis, yané shírah adrak ká.

F.—Muharrik aur khushbúdár hotá hai.

M.—Do drachm se ek ounce tak.

Spiritus Ammoniae, or Spirit of Ammonia.*Use*.—A powerful external Stimulant.*Spiritus Ammoniae Aromaticus*, or Aromatic Spirit of Ammonia.*U*.—A powerful stimulant, given in water, in flatulent Colic and Languors.*Dose*.—Half a drachm to one drachm.*Spiritus Ammoniae Fætidus*, or Fœtid Spirit of Ammonia.*U*.—Stimulant and Antispasmodic, given generally to children in water.*D*.—Half a drachm to one drachm.*Spiritus Anisi*, or Spirit of Aniseed.*U*.—Stimulant and Carminative, given in flatulent Colic, mixed in water.*D*.—Two to four drachms.*Spiritus Armoraciæ Compositus*, or Compound Spirit of Horseradish.*U*.—Stimulant, given in water.*D*.—Two to four drachms.*Spiritus Carui*, or Spirit of Carraway.*U*.—Carminative and Stimulant.*D*.—Two to four drachms.*Spiritus Cinnamomi*, or Spirit of Cinnamom.*U*.—Stomachic and Stimulant.*D*.—Two to four drachms.*Spiritus Juniperi Compositus*, or Compound Spirit of Juniper.*U*.—Stimulant and Diuretic, given in water, or combined with other Diuretics.*D*.—Two to four drachms.*Spiritus Lavendulae*, or Spirit of Lavender.*U*.—In preparing the Compound Camphor Liniment, and the Compound Tincture of Lavender.*Spiritus Menthae Piperitæ*, or Spirit of Peppermint.*U*.—Stimulant and Carminative, given in water for flatulence, spasms, &c.*D*.—Two to four drachms.

Spiritus Ammoniae, yane Spirit noushádar ká.

Fáidah.—Báhar jism par lagáne ke bahut qawí muharrik dawá hai.

Spiritus Ammoniae Aromaticus, yane khushhbúdár Spirit naushádar ká.

F.—Qawí muharrik dawá hai, baárzahi qúling bádí aur naqáhat ke pání men dete hain.

Miqdar.—Nisf drachm se ek drachm tak.

Spiritus Ammoniae Fætidus, yane Fætid Spirit noushádar ká.

F.—Muharrik aur Antispasmodic, yane dásfai tashannuj hai, aksar pání men milákar larkon ko dete hain.

M.—Nisf drachm se ek drachm tak.

Spiritus Anisi, yane Spirit sauñf ká.

F.—Muharrik aur Carminative, yane dásfai báí hai, baárzahi qúling bádí ke pání men milákar dete hain.

M.—Do se chár drachm tak.

Spiritus Armoraciæ Compositus, yane murakkab Spirit Sohunjana kí jaṛ ká.

F.—Muharrik hai, pání men milákar dete hain.

M.—Do se chár drachm tak.

Spiritus Carui, yane Spirit Zire ká.

F.—Carminative, yane dásfai báí aur muharrik hai.

M.—Do se chár drachm tak.

Spiritus Cinnamomi, yane Spirit dárhíní ká.

F.—Mufid medeh aur muharrik hai.

M.—Do se chár drachm tak.

Spiritus Juniperi Compositus, yane murakkab Spirit Juniper, yane saro-kohí ká.

F.—Muharrik aur mudir hai, pání men yá dígar mûdir dawá ke sáth istámál karte hain.

M.—Do se chár drachm tak.

Spiritus Lavendulæ, yane Spirit Lavender ká.

F.—Murakkab marham kafír aur murakkab Tincture Lavender ke banáne men kám átá hai.

Spiritus Menthae Piperitæ, yane Spirit Peppermint ká.

F.—Muharrik aur Carminative, yane dásfai báí hai, wáste maraz bádí aur chabak waghairah ke pání men dete hain.

M.—Do se chár drachm tak.

Spiritus Menthae Pulegii, or Spirit of Pennyroyal.

U. and *D.*—The same as above.

Spiritus Menthae Viridis, or Spirit of Spearmint.

U. and *D.*—The same as the Peppermint.

Spiritus Myristicæ, or Spirit of Nutmeg.

U. and *D.*—The same as the above.

Spiritus Pimentæ, or Spirit of Pimenta.

U. and *D.*—As the above.

Spiritus Rosmarini, or Spirit of Rosemary.

U.—In preparing the Soap Liniment and the Compound Tincture of Lavender.

Compound Spirit of Sohunjuna.

U.—Stimulant, given in water.

D.—Two to four drachms.

Tinctura Aloes, or Tincture of Aloes.

Use.—Purgative and Stomachic.

Dose.—Four drachms to an ounce and a half.

Tinctura Aloes Composita, or Compound Tincture of Aloes.

U.—Purgative and Stomachic.

D.—One to two drachms.

Tinctura Ammonie Composita, or Compound Tincture of Ammonia.

U.—A powerful Stimulant and Antispasmodic, given frequently in Snake bites.

D.—Ten to fifteen drops in water, repeated frequently.

Tinctura Assafætidæ, or Tincture of Assafætida.

U.—Stimulant and Antispasmodic.

D.—One to two drachms.

Tinctura Aurantii, or Tincture of Orange.

U.—Stomachic, given with bitter infusions and decoctions.

D.—Two to four drachms.

Tincture of Barberry.

U.—Febrifuge, Tonic, and Aperient.

—*each time* two or three times a day.

Spiritus Menthae Pulegii, yane Spirit Pennyroyal ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Menthae Viridis, yane Spirit Spearmint ká.

F. aur *M.*—iská misl miqdár Peppermint ke hai.

Spiritus Myristiceæ, yane Spirit jaiphal ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Pimentæ, yane Spirit Pimenta ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Rosmarini, yane Spirit Rosemary ká.

F.—Marham sábún aur murakkab Tincture Laveunder ke banáne men kám átá hai.

Murakkab Spirit Sohunjuna.

F.—Muharrik hai, pání men dete hain.

M.—Do se chár drachm tak.

Tinctura Aloes, yane Tincture sibr ká.

Fáidah.—Mushil aur mufíd medeh hai.

Miqdár.—Chár drachm se ek ounce tak.

Tinctura Aloes Composita, yane murakkab Tincture sibr ká.

F.—Mushil aur mufíd medeh hai.

M.—Ek se do drachm tak.

Tinctura Ammoniæ Composita, yane murakkab Tincture naushádar ká.

F.—Yih dawá bahut qawí muharriq, aur Antispasmodic, yane dáfai maror hai, aksar sánp ke káte hue ko dete hain.

M.—Das se pañdrah qatre tak pání men istamál karte hain, aur kai martabah piláte hain.

Tinctura Assafetidae, yane Tincture híng ká.

F.—Muharriq aur Antispasmodic, yane dáfai tashannuj hai.

M.—Ek se do drachm tak.

Tinctura Aurantii, yane Tincture rangtarah ká.

F.—Mufíd medeh Infusion, yane khisándah talkh aur Decoction, yane joshándah ke sáth dete hain.

M.—Do se chár drachm tak.

Tincture Barberry.

F.—Dáfai bukhár, aur muqawwí, aur mulayyan hai.

M.—Do se chár drachm tak, do yá tín martabah ek din men.

Tinctura Benzoini Composita, or Compound Tincture of Benzoin, or Friar's Balsam.

U.—Stimulant and Expectorant, given in Chronic Catarrhs, and confirmed Asthma.

D.—Half a drachm to two drachms.

Tincture of Buchu.

U.—An Astringent Diuretic, given in Chronic diseases of the Urinary organs.

D.—One to two drachms.

Tinctura Balsami Tolutani, or Tincture of Balsam of Tolu.

U.—Expectorant, given in Chronic Coughs and Catarrhal affections.

D.—Ten to fifteen drops, three or four times a day.

Tinctura Calumbæ, or Tincture of Calumba.

U.—Tonic and Stomachic.

D.—One to four drachms.

Tinctura Camphoræ, or Tincture of Camphor.

U.—Externally as a Stimulant, applied in Chronic Rheumatism and Chilblains.

Tinctura Camphoræ Composita, or Compound Tincture of Camphor, or "Paregoric Elixir."

U.—Anodyne and Diaphoretic.

D.—One to three drachms.

Tinctura Cantharides, or Tincture of Spanish Flies.

U.—Diuretic and Stimulant, given internally in Gleets, Fluor Albus, and incontinence of Urine; Externally as a Rubefacient, combined with Camphor Liniment.

D.—Ten minims to one drachm.

Tinctura Capsici, or Tincture of red pepper.

U.—Stimulant, given in the low stage of Typhus Fever, and in relaxed Uvula.

D.—Ten minims to one drachm.

Tinctura Cardamomi, or Tincture of Cardamoms.

U.—Stimulant and Carminative, given in some bitter infusion.

D.—One to two drachms.

Tinctura Benzoini Composita, yané murakkab Tincture lobán jisko "Friar's Balsam" kahte hain.

F.—Muharrik aur muarrik hai, Chronic Catarrh yané zukám puráne aur zíqunnafs men dete hain.

M.—Nisf drachm se do drachm tak.

Tincture Buchu.

F.—Qábiz aur mudir hai, baárzahi puráne amráz azái pesháb ke istamál karte hain.

M.—Ek se do drachm tak.

Tinctura Balsami Tolutani, yané Tincture Balsam Tolu ká.

F.—Dáfai balgham hai, puraní khánsí aur zukám men dete hain.

M.—Das se pándrah qatre tak, ek din men tín chár martabah.

Tinctura Calumbe, yané Tincture Calumba ká.

F.—Muqawwí aur mufid medeh hai.

M.—Ek se chár drachm tak.

Tinctura Camphoræ, yané Tincture kafúr ká.

F.—Báhar jism par lagáne ke liye khásiat uskí muharrik hai, baárzahi kohna gaṭhyá ke aur larkon ke phore phunsí ke mustamil hai.

Tinctura Camphoræ Composita, yané murakkab Tincture kásfúr, jisko Paregoric Elixir bhí kahte hain.

F.—Musakkin aur muarriq hai.

M.—Ek se tín drachm tak.

Tinctura Cantharides, yané Tincture Spain kí makkhí ká.

F.—Mudir aur muharrik hai, andar jism ke baárzahi jiriyán aur "Fluor Albus," aur salsal bál ke dete istamál karte hain; aur úpar jism ke tásír uskí Rubefacient, yané lál karnewálí hai, marham kásfúr men milákar lagáte hain.

M.—Das minim se ek drachm tak.

Tinctura Capsici, yané Tincture lál mirch ká.

F.—Muharrik hai, baárzahi Typhus bukhár men jab nabz bahut sust aur zaíf hotí hai, aur dhíle hone Uvula ke dete hain.

M.—Das minim se ek drachm tak.

Tinctura Cardamomi, yané Tincture iláichí ká.

F.—Muharrik aur Carminative, yané dáfai báí hai, kisí talkh khísándah men istamál iská karte hain.

M.—Ek se do drachm tak.

Tinctura Cardamomi Composita, or Compound Tincture of Cardamoms.

U. and *D.*—The same as above.

Tinctura Cascarillæ, or Tincture of Cascarilla.

U.—Tonic and Stomachic.

D.—Twenty minims to two drachms.

Tinctura Catechu, or Tincture of Catechu.

U.—Astringent, given in Diarrhœa.

D.—One to four drachms.

Compound Tincture of Chiretta.

U.—A bitter and Cordial Tonic.

D.—One to two drachms.

Tinctura Cinchonæ, or Tincture of Cinchona.

U.—Tonic, Stomachic and Febrifuge, chiefly given with the Infusion or Decoction of Bark.

D.—One to four drachms.

Tinctura Cinchonæ Composita, or Compound Tincture of Cinchona.

U. and *D.*—The same as the above.

Tinctura Cinnamomi, or Tincture of Cinnamon.

U.—Stomachic and Astringent.

D.—One to two drachms.

Tinctura Cinnamomi Composita, or Compound Tincture of Cinnamon.

U. and *D.*—The same as the above.

Tinctura Colchici, or Tincture of Colchicum.

U.—Diuretic, given in Gout and Rheumatism.

D.—Twenty to thirty minims, two or three times a day.

Tinctura Colchici Composita, or Compound Tincture of Colchicum or Meadow Saffron.

U. and *D.*—The same as the above.

Tinctura Conii, or Tincture of Hemlock.

U.—Narcotic and Antispasmodic.

D.—Half a drachm to one drachm.

Tinctura Cubebeæ, or Tincture of Cubebs.

U.—Stimulant and Diuretic, given in Gonorrhœa.

D.—Half a drachm to one drachm.

Tinctura Cardamomi Composita, yané murakkab Tincture ilāichí ká.

F. aur *M.*—Misl dawái mazkurai bálá hai.

Tinctura Cascarillæ, yané Tincture Cascarilla ká.

F.—Muqawwí aur muſíd medeh hai.

M.—Bís minim se do drachm tak.

Tinctura Catechu, yané Tincturei katthá.

F.—Qábiz hai, baárzahi Diarrhoea, yané daston ke dete hain.

M.—Ek se chár drachm tak.

Murakkab Tincture Chiretta ká.

F.—Talkh, farhat baķhsh muqawwí dawá hai.

M.—Ek se do drachm tak.

Tinctura Cinchonæ, yané Tincturei Cinchona.

F.—Muqawwí, aur muſíd medeh aur dáfai buķhár hai, aksar khísandah yá joshándah Bark ke sáth istamál karte hain.

M.—Ek se chár drachm tak.

Tinctura Cinchonæ Composita, yané murakkab Tincture Cinchona ká.

F. aur *M.*—Mutábiq dawái mazkúrai bálá ke hai.

Tinctura Cinnamomii, yané Tincturei dárchiní.

F.—Muſíd medeh aur qábiz hai.

M.—Ek se do drachm tak.

Tinctura Cinnamomi Composita, yané murakkab Tincturei dárchiní.

F. aur *M.*—Mutábiq dawái mazkúrai bálá ke hai.

Tinctura Colchici, yané Tincture Colchicum ká.

F.—Mudir hai, baárzahi niqras aur gaṭhyá ke dete hain.

M.—Bís se tís minim tak, do yá tín martabah ek din men.

Tinctura Colchici Composita, yané murakkab Tincture Colchicum yá záfrán Meadow ká.

F. aur *M.*—Misl dawái mazkúrai bálá ke hai.

Tinctura Conii, yané Tincture Hemlock ká.

F.—Musakkir aur Antispasmodic, yané dáfai tashannuj hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Cubebæ, yané Tincture Cubeba ká.

F.—Muharrik aur mudir hai, baárzahi suzak ke dete hain.

M.—Nisf drachm se ek drachm tak.

Tinctura Digitalis, or Tincture of Foxglove.

U.—Diuretic and Sedative, given in inflammation of the Lungs, Aneurism, Incipient Consumption and Inflammatory Dropsy.

D.—Ten to thirty drops, two or three times a day,

Tinctura Gallæ, or Tincture of Galls.

U.—Astringent.

D.—One to two drachms.

Tincture of Googul.

U. and *D.*—The same as the Tincture of Myrrh.

Tinctura Guiaci Composita, or Compound Tincture of Guiacum.

U.—Stimulant and Diaphoretic.

D.—One to three drachms.

Tincture of Gulancha.

U.—Tonic and Febrifuge.

D.—Two to four drachms.

Compound Tincture of Gurjun.

U.—Stimulant and Diuretic, given in milk, or sugar and water.

D.—Twenty to thirty drops.

Tinctura Helleborei, or Tincture of Hellebore.

U.—Emmenagogue.

D.—Thirty drops to one drachm.

Tincture of Hemp.

U.—Narcotic, Stimulant and Anticonvulsive, given in Cholera, Delirium Tremens, Lock-jaw, and other convulsive diseases. Also in Neuralgia and Tic-doloreux.

D.—Twenty drops to one drachm, given in sugar and water.

Tincture of Hermodactyl, or Soorinjantulk.

U.—Given in Gout and Rheumatism, a good substitute for Colchicum.

D.—Twenty to thirty drops.

Tinctura Hyoscyami, or Tincture of Henbane.

U.—Narcotic.

D.—Half a drachm to two drachms.

Tinctura Digitalis, yāne Tincture Foxglove kā.

F.—Mudir aur musakkin hai, sozish phephre men aur Aneurism aur Incipient Consumption, yāne ibtidai bimári sil men aur sozish istisqā men dete hain.

M.—Das se tís qatre tak, do yā tīn martabah ek din men.

Tinctura Gallo, yāne Tincture májúphal kā.

F.—Qábiz hai.

M.—Ek se do drachm tak.

Tinctura Goygul.

F. aur *M.*—Is dawá kā misl Tincture Myrrh ke hai.

Tinctura Guiaci Composita, yāne murakkab Tincture Guiacum kā.

F.—Muharrik aur muarriq hai.

M.—Ek se tīn drachm tak.

Tincture Gulancha.

F.—Muqawwí aur dásai bukhár.

M.—Do se chár drachm tak.

Murakkab Tincture Gurjun ká.

F.—Muharrik aur mudir hai, dúdh yā chíní aur pání ke sáth istamál karte hain.

M.—Bís qatre se tís qatre tak.

Tinctura Hellebore, yāne Tincture kuṭkí kā.

F.—Emmenagogue, yāne haizáwar hai.

M.—Tís qatre se ek drachm tak.

Tincture Hemp ká.

F.—Muskr, aur muharrik, aur dásai maṛor hai, baārzahi haizá aur hizyán aur behoshí aur Lock-jaw, aur digar awáriz maṛor ke diyá játá hai, aur baārzahi Neuralgia aur Tic-doloreux ke bhí istamál uská karte hain.

M.—Bís qatre se ek drachm tak, chíní aur pání men píte hain.

Tincture Hermodactyl, yāne Soorinjantalk ká Tincture.

F.—Baārzahi niqras aur gaṭhyá ke dete hain, bajái Colchicum yih dawá bahut bihtar əwaz tajwíz huí hai.

M.—Bís qatre se tís qatre tak.

Tinctura Hyoscyami, yāne Tincture Henbane ká.

F.—Sun karnewálí hai.

M.—Nisf drachm se do drachm tak.

Tinctura Iodini Composita, or Compound Tincture of Iodine.

U.—Alterative, given in Scrophula and Secondary Syphilis.

D.—Five to thirty minims, two or three times a day.

Tinctura Jalapæ, or Tincture of Jalap.

U.—Cathartic, generally given with some other Aperient Medicine.

D.—Four drachms to one ounce.

Tincture of Kaladana.

U.—Cathartic.

D.—One to two drachms.

Tinctura Kino, or Tincture of Kino.

U.—Astringent.

D.—One to two drachms.

Compound Tincture of Kreat.

U.—Tonic, Stimulant and Slightly Aperient. Given in Dyspepsia, and Torpidity of the bowels.

Tinctura Lavendulae Composita, or Compound Tincture of Lavender.

U.—Stimulant and Stomachic, given in Languors.

D.—One to four drachms.

Tinctura Lupuli, or Tincture of Hop.

U.—Sedative and a bitter Tonic.

D.—Half a drachm to two drachms.

Tincture of Mishme Teeta.

U.—A bitter Tonic.

D.—One to two drachms.

Tincture of Mugrela.

U.—Stimulant and Diaphoretic, given to females to promote the secretion of milk.

D.—Half a drachm to two drachms.

Tincture of Myrobalan.

U.—A powerful Astringent.

D.—Twenty drops to a drachm.

Tinctura Iodini Composita, yané murakkab Tincture Iodine ká.

F.—Durust kunandai jism hai, baárzahi kanthmálá aur darjai doyam átshak ke dete hain.

M.—Pánch se tís minim tak, ek din men do yá tín martabah.

Tinctura Jalapæ, yané Tincture Jalap ká.

F.—Mushil hai, aksar yih dawá kisí mulayyan dawá ke sáth mustamíl hotí hai.

M.—Chár drachm se ek ounce tak.

Tincture Kaladana ká.

F.—Dastáwar hai.

M.—Ek se do drachm tak.

Tinctura Kino, yané Tincture Kino ká.

F.—Qábiz hai.

M.—Ek se do drachm tak.

Compound Tincture Kreat ká.

F.—Muqawwí, aur muharrik, aur mulayyan hai; badarjai khaffí baárzahi Dyspepsia, yané badhazmí aur járí hone peç kc dete hain.

Tinctura Lavendulæ Composita, yané murakkab Tincture Lávender ká.

F.—Muarríq aur mušíd medch hai, maqáhat aur sustí men dete hain.

M.—Ek se chár drachm tak.

Tinctura Lupuli, yané Tincture i Hops.

F.—Taskín denewálí aur talkh muqawwí dawá hai.

M.—Nisf drachm se do drachm tak.

Tinctura Mishme Teeta.

F.—Talkh muqawwí dawá hai.

M.—Ek se do drachm tak.

Tincture Mugrela ká.

F.—Muharrík aur muarríq hai, auraton ko wáste ziyádalí karne dadh ke dete hain.

M.—Nisf drachm se do drachm tak.

Tinctura Myrobalan, yané Tincture har ká.

F.—Bahut qawí qábiz hai.

M.—Bís qatre se ek drachm tak.

Tinctura Myrrhae, or Tincture of Myrrh.

U.—Internally, Tonic and Deobstruent. Externally it is employed as a wash to Foul Ulcers, and when diluted with water, as a Lotion for spongy gums.

D.—Half a drachm to one drachm.

Tinctura Opii, or Tincture of Opium.

U.—A valuable Stimulant and Narcotic.

D.—Ten to forty drops.

Tinctura Rhei Composita, or Compound Tincture of Rhubarb.

U.—Purgative and Stomachic.

D.—Two drachms to one ounce and a half.

Tinctura Scillæ, or Tincture of Squills.

U.—Expectorant and Diuretic.

D.—Ten to thirty drops, two or three times a day.

Tinctura Sennæ Composita, or Compound Tincture of Senna.

U.—Stomachic and Purgative.

D.—Two drachms to one ounce.

Tinctura Serpentariae, or Tincture of Serpentary.

U.—Tonic and Diaphoretic.

D.—One to four drachms.

Tinctura Toddalia.

U.—Stimulant, Tonic, Diaphoretic and Febrifuge.

D.—One to four drachms.

Tinctura Valerianæ, or Tincture of Valerian.

U.—Antispasmodic, generally given in an infusion of Valerian.

D.—One to four drachms.

Tinctura Valerianæ Composita, or Compound Tincture of Valerian.

U.—The same as the above.

D.—Half a drachm to one drachm

Tinctura Zingiberis, or Tincture of Ginger.

U.—Stimulant and Carminative, given in Gout, when it attacks the Stomach, and in flatulent Colic.

D.—One to two drachms.

Tinctura Myrrhæ, yane Tincture i murr.

F.—Andar jism ke muqawwí aur Deobstruent, yane mufattah hai, aur báhar jism par bashumúl pání ke ghalíz zaķhmoñ ke dhone men bhí kám átā hai, wáste Spongy gums yane phúle hue aur narm masuré ke bataur Lotion mustamal hotá hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Opii, yane Tincture afyún ká.

F.—Umdah muharrik aur muskir dawá hai.

M.—Das se chálís qatre tak.

Tinctura Rhei Composita, yane murakkab Tincture i rewand chíní.

F.—Mushil aur mufíd medeh hai.

M.—Do drachm se ek ounce tak.

Tinctura Scillæ, yane Tincture i Squill.

F.—Dáfai balgham aur mudir hai.

M.—Das se tís qatre tak, do yá tín martabah ek din men.

Tinctura Sennæ Composita, yane murakkab Tincturei Senna.

F.—Muſíd medeh aur mushil hai;

M.—Do drachm se ek ounce tak.

Tinctura Serpentariæ, yane Tincturei Serpentary.

F.—Muqawwí aur muarriq hai.

M.—Ek drachm se chár drachm tak.

Tinctura Toddalia.

F.—Muharrik, aur muqawwí, aur muarriq aur dáfai bukhár.

M.—Ek drachm se chár drachm tak.

Tinctura Valerianæ, yane Tincture Bellilotan ká.

F.—Antispasmodic, yane dáfai tashannuj hai, aksar khisándah Bellilotan men dete hain.

M.—Ek se chár drachm tak.

Tinctura Valerianæ Composita, yane murakkab Tincture Bellilotan ká.

F.—Tásír iskí misl tásír dawái muzkúrai bálá hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Zingiberis, yane Tincture soñth ká.

F.—Muharrik aur dáfai báí hai, baárzahi niqras, jab ki yih árzal medeh par ghálib hotá hai aur baárzahi dard kúling báí ke dete hain.

M.—Ek drachm se do drachm tak.

Vinum Aloes, or Wine of Aloes.

U.—Aperient in doses of one to two ounces, and Stomachic from one to two drachms.

Vinum Colchici, or Wine of Colchicum.

U.—Narcotic and Diuretic, given in cases of Gout and Rheumatism.

Dose.—Thirty drops to one drachm.

Vinum Ipecacuanhae, or Wine of Ipecacuanha.

U.—Diaphoretic and Emetic, chiefly given to children; half a drachm being given every ten or fifteen minutes till it operates.

Vinum Opii, or Wine of Opium.

U.—Narcotic.

D.—Ten drops to one drachm.

Vinum Viratri, or Wine of White Hellebore.

U.—Emetic and Cathartic, given in Gout and Rheumatism.

D.—Five to ten minimis.

Unguentum Antimonii Potassio Tartratis, or Ointment of Potassio Tartrate of Antimony, or Tartar Emetic Ointment.

U.—Counter-irritant, employed in Chronic swellings of the joints, particularly after Rheumatism, and in many states of internal organs. A little of this ointment should be well rubbed into the skin over the part affected two or three times a day.

Unguentum Cantharides, or Ointment of Spanish Fly.

U.—The same as the Ceratum Cantharides; if the Telini Fly is used, substitute double the quantity of it than the Spanish Fly.

Unguentum Cetacei, or Ointment of Spermaceti.

U.—A cool simple dressing.

Chakoon Ointment.

U.—Stimulant, a good application to Ringworm.

Chaulmoogra Ointment.

U.—Stimulant, employed in several cutaneous diseases, especially

Vinum Aloes, yane sharáb sibr kí.

Fáidah.—Mulayyan hai bamiqdár do ounce, ke aur mufíd medeh ek se do drachm tak.

Vinum Colchici, yane sharáb Colchicum kí.

F.—Muskir aur mudir hai, baárzah niqras aur gathiyá ke dete hain.

Miqdár.—Tís qatre se ek drachm tak.

Vinum Ipecacuanha, yane sharáb Ipecacuanha kí.

F.—Muharriq aur muqai hai, aksar larkon ko dete hain; nisf drachm har das das pandrah pandrah minute ke bäd jab tak ki tásír uskí howe.

Vinum Opii, yanc sharáb afyún kí.

F.—Muskir hai.

M.—Das qatre se ek drachm tak.

Vinum Veratri, yane sharáb kuṭkí sufed kí.

F.—Muqai aur mushil hai, baárzah niqras aur gaṭhiyá ke dete hain.

M.—Pánch se das minim tak.

Unguentum Antimonii Potassio Tartratis, yane marham Potassio Tartrate Antimony ká, jisko ki Tartrate Emetic Ointment kahte hain.

Fáidah.—Dáfai sozish hai, jo əzá ərse se phúl gae hon unpar lagáte hain, khasús bäd gaṭhiyá, aur aksar əzáí andarúní par istamál karte hain, is marham men se qadre marham us muqám par jabán taklíf ho post par malá jáwe, do yá tín martabah ek din men.

Unguentum Cantharides, yanc marham makkhí Spain ká.

F.—Tásír iskí misl Ceratum Cantharides ke hai, agar is men Telní makkhí dálí jáwe, to marham makkhí Spain kí nisbat yih marham muzaáf istamál kiyá jáwe.

Unguentum Cetacei, yane marham machh kí charbí ká.

F.—Marham patí karne men yih marham ḥandak kartá hai.

Marham Chakoon ká.

F.—Muharriq hai, yih marham dád par lagáne ko mufíd hai.

Marham Chaulmoogra ká.

F.—Muharriq hai, aksar amráz jildí men kám átá hai, khusús ganj aur Tinea, yane maraz bad khorc men lagáte hain.

Compound Cinnabar Ointment.

U.—Stimulant, in Ringworm.

Unguentum Creasote, or Ointment of Creasote.

U.—Stimulant, employed in mild cases of Ringworm, and similar cutaneous diseases.

Daad-murden Ointment.

U.—Stimulant, in Ringworm.

Unguentum Elemi, or Ointment of Elemi.

U.—Stimulant and Digestive, used to keep open Setons and Issues.

Unguentum Galle Compositum, or Compound Ointment of Galls.

U.—Astringent, applied in Hæmorrhoids.

Ointment of Gandah Biroza.

U.—Detergent, a good substitute for the Elemi Ointment, applied to boils.

Unguentum Hydrargyri Ammonio Chloridi, or Ointment of Ammonio Chloride of Mercury.

U.—Stimulant and Detergent.

Unguentum Hydrargyri Biniodidi, or Ointment of Biniodide of Mercury.

U.—Stronger than the above, but used in similar cases.

Unguentum Hydrargyri Iodidi, or Ointment of Iodide of Mercury.

U.—Stimulant and Alterative, employed in dressing Scrophulous sores.

Unguentum Iodini Compositum, or Compound Ointment of Iodine.

U.—Stimulant and Alterative, applied to indolent Tumours and Bronchocele.

Unguentum Hydrargyri Fortius, or Strong Ointment of Mercury.

U.—A speedy method of producing salivation in cases of Syphilis and Chronic Hepatitis. Half a drachm to one drachm rubbed well into the inside of the thighs, three times a day.

Unguentum Hydrargyri Mitius, or Milder Ointment of Mercury.

U.—The same as the above, but its action is not so rapid.

Murakkab Marham Cinnabar kā.

F.—Muharriq hai, dd par lagte hain.

Unguentum Creasote, yane marham Creasote ká.

*F.—Muhaarrik hai, ba'rzah ḫafīf dād ke aur digar awāriz jildī
ke kām átā hai.*

Marham Daod-murden ká.

F.—Muharrik hai, baamráz dád ke lagátc hain.

Unguentum Elemi, yane marham Elemi ká.

F.—Muharrik aur muhallil hai, aur wáste khulá rakhne náth aur gul dene ke kám átá hai.

Unguentum Gallæ Compositum, yane murakkab marham májúphal ká.

F.—Qábiz hai, baárzah Hœmorrhoids, yáne bawásír ke lagáte hain.

Marham Gandah Biroze ká.

F.—Khárij kunandai aláish hai, bajái marham Elemi ke bahut umdah awaz tajwíz huá hai. dambal par lagáte hain.

Unguentum Hydrargyri Ammonio Chloridi, yane marham Ammonio Chloride páre ká.

F.—Muharrik aur sáf kunandai aláish hai.

Unguentum Hydrargyri Biniodidi, yane marham Biniodidi páre ká.

F.—Marham mazkúrai bálá se yih marham bahut qawí hai, unbhín amráz men kám átá hai.

Unayentum Hydrargyri Iodidi, yane marham Iodide páre ká.

F.—Muharriq hai, aur badan ko svdhártá hai, kanthmálá ke zakhm par is dawá se marham pattí karte hain.

Unguentum Iodini Compositum, yane murakkab marham Iodine ká.

F.—Muhaarrik aur sudhárne wálá jism ká hai, puráne gháo aur maraz Bronchocele men kám átá hai.

Unguentum Hydrargyri Fortius, yane tez marham páre ká.

F.—Wáste jald mún̄h láne ke baárzah Syphilis, yane átshak aur puráne warm jigar, yih marham bahut sariul asar hai. Nisf drachm se ek drachm tak, zánú ke andar ek din men tím marta-bah bakhúbí malá jáwe.

Unouenlum Hydrarayri Mitius, yane páre ká kam tez marham.

F.—Tásír iskí misl Tásír marham mazkúrahí bálá hai, magar

Unguentum Hydargyri Nitratis, or Ointment of Nitrate of Mercury, or Citron Ointment.

U.—Stimulant and Detergent, employed in various cutaneous diseases, and in chronic diseases of the eye-lids.

Unguentum Hydargyri Nitrico Oxydi, or Ointment of Nitric Oxide of Mercury.

U.—The same as the above.

Compound Myrobalan Ointment.

U.—Applied to excoriated surfaces.

Unguentum Picis Liquidæ, or Ointment of Liquid Pitch or Tar.

U.—Stimulant, employed in Tetter and Scaldhead.

Unguentum Picis Nigræ, or Ointment of Black Pitch.

U.—Digestive and Stimulant.

Unguentum Plumbi Compositum, or Compound Ointment of Lead.

U.—Detergent, applied to indolent tumours.

Unguentum Plumbi Iodidi, or Ointment of Iodide of Lead.

U.—Detergent and Alterative. Employed in Glandular and Chronic enlargement of the joints, and Scrophulous ulcerations.

Ointment of Sal Ammoniac and Borax.

U.—Applied in Ringworm.

Unguentum Sambuci, or Ointment of Elder.

U.—A pleasant smelling simple dressing.

Unguentum Sulphuris, or Ointment of Sulphur.

U.—Stimulant, Common Itch Ointment.

Unguentum Sulphuris Compositum, or Compound Ointment of Sulphur.

U.—The same as the above, but very much stronger.

Unguentum Veratri, or Ointment of White Hellebore.

U.—Stimulant, employed in Scabies.

Ointment of Verdigris.

U.—A good Stimulant and mild Escharotic in Chronic Ulcerations.

Ointment of Verdigris and Pitch.

U.—A very good corn Plaster.

Unguentum Zinci, or Ointment of Zinc.

Unguentum Hydrargyri Nitratis, yané marham Nitrate páre ká, ki jisko marham Citron blí kalte hain.

F.—Muharriq hai aur aláish sáf kartá hai, aksar amráz jíldí men aur puráne amráz palkon men kám átá hai.

Unguentum Hydrargyri Nitrico Oxydi, yané marham Nitric Oxyde páre ká.

F.—Tásír iskí misl tásír marham mazkúrai bálá hai.

Marakkab marham Myrobolan kú.

F.—Khárash par lagátc hain.

Unguentum Picis Liquidæ, yané marham patlí rál ká.

F.—Muharriq hai, baárzah Tetters, yane dád aur gapj ke lagátc hain.

Unguentum Picis Nigræ, yané marham Pitch siyáh ká.

F.—Muhallil aur muharrik hai.

Unguentum Plumbi Compositum, yané marakkab marham shíshe ká.

F.—Khárij kunandai aláish hai, puráne gháo par lagátc hain.

Unguentum Plumbi Iodidi, yané marham Iodide shíshe ká.

F.—Musíffí aláish hai, aur sulhárnewálá; hálat jism ká puráne aur guþhilidár sújan par azá ke lagátc hain, aur kanþhmálá ke gháo par lagáyá játá hai.

Marham Sal Ammoniac aur soháya ká.

F.—Dád par lagátc hai.

Unguentum Sambuci, yané marham Elder ká.

F.—Khushbúdár sídali marham hai isse marham patrí karte hain.

Unguentum Sulphuris, yané marham gandak ká.

F.—Muharrik hai, aksar khárish par lagátc hain.

Unguentum Sulphuris Compositum, yané murakkab marham gandak ká.

F.—Tásír iskí misl tásír marham mazkúrai bílá hai, magar nisbat uskí ziyádah qawí hai.

Unguentum Veratri, yané marham sufed kuþkí ká.

F.—Muharrik hai, khárish par lagátc hain.

Marham Zungar ká.

F.—Umdah marham muharrik hai, aur yih marham gosht ko puráne phoþe ke áhistah áhistah galátá hai.

Marham Zangar aur Pitch, yané Rál ká.

F.—Yih plaster ke áble par lagáne ko achchhá hai.

Unguentum Zinci, yané marham jast ká.

TABLE

Showing in what proportion, Opium and certain preparations of Antimony, Arsenic and Mercury, are contained in some Compound Medicines.

Consec'io Opii, or Confection of Opium.

One grain of Opium in about thirty-six grains of Confection.

Hydrargyrum cum Creta, or Mercury with Chalk, in about three grains contains one grain of Mercury.

Linimentum Hydrargyri, or Mercurial Liniment, in about six drachms contains one drachm of Mercury.

Liquor Arsenicalis, or Arsenical Solution.

Two fluid drachms contain one grain of sublimed white Arsenic.

Liquor Hydrargyri Oxymuriatis, or Solution of Corrosive Sublimate.

Two fluid ounces contain one grain of Oxymuriate of Mercury.

Pilulae Hydrargyri, or Mercurial Pills, or Blue Pills.

Three grains contain one grain of Mercury.

Pilulae Hydrargyri Submuriatis Composite, or Compound Pills of Submuriate of Mercury, or Plummer's Pills.

Four grains contain one grain of Submuriate of Mercury.

Pilulae Saponis cum Opio, or Soap Pills with Opium.

Five grains contain one of Opium.

Pulvis Cornu usci cum Opio, or Powder of Calcined Hartshorn with Opium.

Ten grains contain one of Opium.

Pulvis Cretæ Compositus cum Opio, or Compound Powder of Chalk with Opium.

Twenty grains contain one grain of Opium.

Pulvis Ipecacuanhae Compositus, or Compound Powder of Ipecacuanha.

Ten grains contain one grain of Opium.

Pulvis Kino Compositus, or Compound Powder of Kino.

One scruple contains one grain of Opium.

Vinum Antimonii Tartarizati, or Wine of Tartarized Antimony.

Four fluid drachms contain one grain of Tartar Emetic.

Unguentum Hydrargyri Fortius, or Stronger Mercurial Ointment.

Two drachms contain one drachm of Mercury.

FAHRIST.

Muskir is bát ke, ki kis qadar Afyún aur báz murakkabál Surmá aur Sunkhiyá aur Páre ke murakkab adwiyat men dále játe hain.

Confectio Opii, yané Confection afyún ká.

Ek grain afyún ká chhattís grain Confection men partá hai.

Hydrargyrum cum Creta, yané párá māi khariyá takhmínán tím grain men ek grain párá ámez hotá hai.

Linimentum Hydrargyri, yané marham páre ká, iske chhaih drachm men ek drachm párá ámez hotá hai.

Liquor Arsenicalis, yané Solution sañkhiyá ká.

Is dawá ke do drachm saiyl men ek grain sublimed sufed sañkhiyá ámez hotá hai.

Liquor Hydrargyri Oxymuriatis, yané Solution Corrosive Sublimate ká.

Iske do saiyl ounce men ek grain Oxymuriate páre ká ámez hotá hai.

Pilulae Hydrargyri, yané golí párc kí jisko Blue Pill bhí kahte hain.

Is dawá ke tím grain men ek grain párá ámez hotá hai.

Pilulae Hydrargyri Submuriatis Compositæ, yané murakkab goliyán Submuriate páre kí, jinko Plummer's Pill bhí kahte hain.

Is dawá ke chár grain men ek grain Submuriate páre ká ámez hotá hai.

Pilulae Saponis cum Opio, yané sábun kí goliyán afyún ámez.

Is dawá ke pánch grain men ek grain afyún ámez hotá hai.

Pulvis Cornu ustli cum Opio, yané safúf Calcined Hartshorn aur afyún ká.

Is dawá ke das grain men ek grain afyún ámez hotí hai.

Pulvis Cretæ Compositus cum Opio, yané murakkab safúf khariyá aur afyún ká.

Is dawá ke bíz grain men ek grain afyúu ámez hotí hai.

Pulvis Ipecacuanha Compositus, yané murakkab safúf Ipecacuanha ká.

Is dawá ke das grain men ek grain afyún ámez kí jáwe.

Pulvis Kino Compositus, yané murakkab safúf Kino ká.

Is dawá ke ek scruple men ek grain afyún ámez hotí hai.

Vinum Antimonii Tartarizati, yané Tartarized sharáb Antimony kí. Chár drachm saiyl men ek grain Tartar Emetic ámez kiyá jáwe.

Unguentum Hydrargyri Fortius, yané tez marham páre ká.

Is marham ke do drachm men ek drachm párá ámez kiyá jáwe.

TABLE.

Table of Substitutes, useful in the event of any deficiency in the usual Medicines.

Cataplasma Conii,	..	..	Datura Poultice.
Cataplasma Lini,	..	..	Nuteeya, or Neem-leaf Poultice.
Cataplasma Sinapis,	..	..	Get Kuchoo, or Lál Chitra Poultice.
Ceratum Cantharides,	..	..	Cerate of Telini Flies.
Decoctum Cetrariae,	..	..	Decoction of Galancha.
Decoctum Hordei Compositum,			Decoction of Oryzæ or Ispaghool.
Decoctum Quercus,	..	..	Decoction of Rohun.
Emplastrum Cantharides,			Plaster of Telini Flies.
Extractum Cinchonæ,	..	..	Extract of Barberry Bark.
Extractum Gentianæ,	..	..	Extract of Chiretta, Justicia or Kreat, Gulancha or Palo.
Extractum Glycyrrhizæ,	..	..	Extract of Abri or Goonch.
Extractum Hœmatoxyli,	..	..	Extract Dyospyri or Gab, Japan Wood, Nemooka.
Extractum Jalapæ,	..	..	Extract Kaladanna.
Extractum Papaveris,	..	..	Extract Hemp.
Infusum Cuspariæ,	..	..	Compound Infusion of Sohunjuna.
Infusum Gentianæ,	..	..	Infusion of Bel, Chiretta, Gulancha, Kreat, Kurroo, Pata, Ununtamool.
Infusum Ipecacuanhæ,	..	..	Infusion of Banopsha, Crini, Karroor.
Infusum Lini Compositum,	..		Infusion of Pedalium or Gokeroo.
Infusum Serpentariae,	..	..	Infusion of Ayapana.
Pilulæ Gambogiæ Composita,	..		Pilula Kalladannæ.
Pulvis Ipecacuanhæ,	..	..	Compound Powder of Muddar.
Pulvis Quinine Sulphas,	..	..	Karanjwa Powder.
Syrupus Sarsaparillæ,	..	..	Syrup of Ununtamool or Chobchimree.
Tinctura Catechu,	..	..	Tincture of Myrobalan.

FAHIRIST.

*Zail men mundarij haiñ wah adwiya jo darsúrat kam hojáne mamúli
dawáon ke bataur qwaz kám men áti haiñ.*

Cataplasma Conii,	.. .. ..	Poultice Dhatúre ká.
Cataplasma Lini,	.. .. ..	Nuteeya yá Poultice Barg Ním.
Cataplasma Sinapis,	.. .. ..	Get Kuchoo yá Lál Chitrá Poultice.
Ceratum Cantharides,	.. .. ..	Cerate Teliní makkhí ká.
Decoctum Cetrariæ,	.. .. ..	Joshánlah Gulancha.
Decoctum Hordei Compositum,	.. .. ..	Joshándah Orizæ yá Ispaghool.
Decoctum Quercus,	.. .. ..	Joshándah Rohan.
Emplastrum Cantharides,	.. .. ..	Plaster Teliní makkhí ká.
Extractum Cinchonæ,	.. .. ..	Extract Post Barberry.
Extractum Gentianæ,	.. .. ..	Extract Chiretta, yá Justicia, yá Kreat, yá Gulancha, yá Palo.
Extractum Glycyrrhizæ,	.. .. ..	Extract Abri yá Goonch.
Extractum Hœmatoxyli,	.. .. ..	Extract Dyospyri, yá Gab, yá Japan Wood, yá Nemooka.
Extractum Jalapæ,	.. .. ..	Extract Kaladanna.
Extractum Papaveris,	.. .. ..	Extract Hemp.
Infusum Cuspariæ,	.. .. ..	Murakkab khisándah Sohunjúná ká.
Infusum Gentianæ,	.. .. ..	Khisándah Bel, Chiretta, Gulancha, Kreat, Kurroo, Pata, Ununtamool.
Infusum Ipecacuanhæ,	.. .. ..	Khisándah Banopsha, Crini, Kanoor.
Infusum Lini Compositum,	.. .. ..	Khisándah Pedalium yá Gokeroo.
Infusum Serpentariæ,	.. .. ..	Khisándah Ayapana.
Pilulæ Gambogiæ Composita,	.. .. ..	Pilula Kaludannæ.
Pulvis Ipecacuanhæ,	.. .. ..	Murakkab safúf i Madár.
Pulvis Quinine Sulphas,	.. .. ..	Safúf Karanjwa.
Syrupus Sarsaparillæ,	.. .. ..	Syrup Ununtamool, aur Syrup Chobchíní ká.
Tinctura Catechu,	.. .. ..	Tincture Myrobolan ká.

Tinctura Cinchonæ Composita,	Tincture of Barberry, Toddalia.
Tinctura Colchici,	Tincture of Hermodactyl or Soo- rinjan tulk.
Tinctura Cubebæ,	Compound Tincture of Gurjun.
Tinctura Gentianæ,	Compound Tincture of Chiretta.
Tinctura Jalapæ,	Tincture of Kalladanna.
Tinctura Lupuli,	Tincture of Mishme Teeta, Gu- lancha.
Tinctura Myrrhæ,	Tincture of Mugrela.
Tinctura Opii,	Tincture of Hemp.
Unguentum Elemi,	Ointment of Gunda Biroza.
Unguentum Hydrargyri Nitra- tis.	Ointment of Chakoor, Chal- moogra, Compound Cinnabar, Daod murdun, Sal Ammoniac and Borax.
Ceratum Calaminæ,	Compound Ointment of Myro- bolan.
Emplastrum Resinæ,	Plaster of Gum Kahrubah.

*Directions for making the Gum Kahrubah Plaster will be found
in the next chapter.*

Tinctura Cinchonæ Composita,	Tincture Barberry aur Toddalia.
Tinctura Colchici,	Tincture Hermodačtyl yā Suranjan talkh.
Tinctura Cubebæ,	Murakkab Tincture Gurjun kā.
Tinctura Gentianæ,	Murakkab Tincture Chiretta kā.
Tinctura Jalapæ,	Tincture Kalladanna kā.
Tinctura Lupuli,	Tincture Mishme Teeta aur Gulancha.
Tinctura Myrrhæ,	Tincture Mugrela.
Tinctura Opii,	Tincture Hemp kā.
Unguentum Elemi,	Marham Gunda Biroza kā.
Unguentum Hydrargyri Nitratis.	Marham Chakoor, Chalmoogra, murakkab Cinnabar, Daod murdun, Sal Ammoniac, aur Suhágá.
Ceratum Calaminæ,	Murakkab Marham Myrobolan kā.
Emplastrum Resinæ,	Plaster Gum Kahrubah.

Tarkib iskī ákhir kitáb hazá meñ mundraj hai.

PART III.
ON THE
PRACTICE OF PHYSIC.

BA'B SOYAM.

DAR BAYA'N ILA'J-UL-AMRA'Z.

PART III.
ON THE
PRACTICE OF PHYSIC.

AMÆNORRHœA; IRREGULAR MENSTRUATION.

Symptoms.—If the irregularity proceeds from too great strength of the constitution, from increased fulness of the vessels, depending on a too large quantity of animal food, you will find a flushed countenance, heaviness, pains in the back and limbs, the pulse full, and generally remarkably slow, throbbing in the head, the breasts full, with a warm imagination.

Treatment.—You should bleed either from the arm, or apply leeches to the labia, pubes, or groins, and give saline purgatives, repeating them every second day, keeping the patient on low diet, and make her take strong exercise every day.

If the irregularity proceeds from too little blood, shewing a feeble and debilitated state of the constitution, as is so often the case in large towns, then you will find the *symptoms* are, a very weak pulse, appetite disordered, the countenance pale, a great loss of strength, palpitation of the heart, and slight hysteria.

Treatment.—This must be just contrary to the former. The strength must be supported with good nourishing food, tonics, change of air, gentle exercise daily, and if possible sea bathing.

Questions.

Describe the symptoms of Amænorrhœa arising from too great strength of the constitution, and the treatment to be adopted ?

Describe the symptoms of Amænorrhœa arising from debility, and the treatment to be adopted ?

AMBUSTIO; BURNS AND SCALDS.

Symptoms.—In extensive burns, there is great prostration of strength, and if the patient rallies, there will be delirium or coma. On some occasions, there is oppressive breathing, on others, violent

BA'B SOYAM.

DAR BAYA'N İLA'J-UL-AMRA'Z,



AMÆNORRHŒA; YANE BEQÁIDAH HONÁ HAIZ KÁ.

Alámateñ.—Agar yih árzah basabab qawí mizájí yá ziyádah pur honc ragon ke kháne kasrat gosht se wáqá howe, to tezí nabz, aur surkhí chehrah, aur bojhalpan, aur dard kamar, aur dhamak sir men, aur ubhár chhátiyon men sáth khyálát bátil ke uskí alámateñ hotí hain.

Maáljah.—Yá to fasd háth kí lewen, yá joñken kináron par furj ke yá muqám mue zuhár par, yá chađđon men lagáwen, aur marízah ko mushil namkín dúsre din detraheñ, aur kam ghizá par rakhen, aur usse bahut sakht riyázat karáwen.

Agar yih árzah basabab qillat khún ke láhaq howe, aur mizáj men náttawápi aur zauf páyá jáwe, jaisá ki aksar augát bare bare shahron men musháhidah kiyá játá hai, to alámateñ uskí yih hotí hain, ki nabz kanizor aur ishtihá betartib aur kharáb, aur chchrah zard, aur niháyat ghat jána tágat ká, aur dhaṛakná dil ká, aur khafí hysteria.

Maáljah.—Is súrat men lázim hai ki iláj bilkul baraks pahle iláj ke karen, aur bazariaḥ ghizá, aur adwiyah muqawwí, aur tabdilí hawá, aur qadre har rozah kí riyázat ke, aur agar ho sake to bazariaḥ samundar men naháne ke tágat marízah kí bahál rakheñ.

Sawálát.

Alámateñ beqáidah hone haiz kí jo basabab qawí mizájí ke láhaq huá hai bayán karo, aur kyú iláj karná cháhiye ?

Kyá alámateñ hotí hain beqáidah hone haiz kí jo ki zauf mizájí ke sabab láhaq hotá hai, aur uská iláj kis taur par karná cháhiye ?

AMBUSTIO; YANE JALJÁNA AG AUR PÁNÍ SE.

Alámateñ.—Agar ádmí bashiddat jal jáwe, to tágat niháyat záyal hojátí hai, aur agar maríz ko kuchh tágat hotí hai, to usse behoshí aur hizyán hotá hai, aur baz augát dam diqqat se átā hai, aur baz

symptomatic fever. In the advanced stage, inflammation and ulceration of the alimentary canal ensues, and in some instances hydrocephalus. Many have hectic fever along with a profuse discharge.

Treatment.—At first you should cover the parts completely with cotton, together with gentle bandaging, so as to exclude the air effectually, and allow it to remain on until saturated with pus. In mild cases, this application may remain on for ten or fourteen days, when all irritation will have subsided, and the part be cured. In vesicated cases, the cotton may remain on for the same period, and treated in the same manner. There may be slight ulceration, requiring poultices or warm water dressing. In extensive burns, suppuration is inevitable. Five or six days, therefore, should only be allowed before you remove the cotton, perhaps sooner, especially in the hot weather, and then poultices for a few days, afterwards warm water dressing. Zinc or copper in solution are to be applied, as the surface is now an ulcer.

If the granulations become flabby, and shoot above the level of the skin, you must repress them by sulphate of copper, nitrate of silver, and dry lint and bandages. When suppuration ensues, the diet must be very nourishing to sustain the strength. Sloughs must be cut away, and great care taken to prevent unnatural adhesions, by appropriate bandages, such as one finger to another; the fore-arm to the arm; and the chin to the neck or even to the breast. When the part is charred, amputation is often indispensable, as soon as the powers of life have rallied.

Questions.

What constitutional symptoms arise in severe cases of burns and scalds ?

What treatment is to be followed in these cases ?

What are you particularly to guard against when the healing process commences ?

When a limb is completely charred, what will be probably obliged to be done with it ?

martabah sakht bukhár érzí paidá ho játá hai. Hálat shiddat marz men, aptaryon men sozish hotí hai, aur zakhm par játe hain, aur baz marízon ko marz hydrocephalus, yane istasqá dimághí láhaq hotá hai. Aur aksaron ko tap-i-diq hamráh ziyádatí ishál ke paidá hotí hai.

Maáljah.—Ibtidá men tamám jale hue muqámon par rúí rakhní cháhiye, aur unpar halkí pattiyan báydhén, taki bilkul hawá ká dákhal na rahe, aur pattiyan qáim rakhní cháhiyen tá waqtíki píb ná pare, jis súrat men badan kam jalá ho, to yih pattiyan das yá chaudah din tak bandhí rahan, kyunki is arse men tamám sozish rafá ho jáwegí, aur muqám sokhtah achchhá ho jáwegá. Dar súrat ho jáne áblon ke, rúí qáim rahe arsah mazkúr tak, aur maáljah ká bhí waisáhí taríq ho. Báz auqát khafíf zakhm ho játé hain, unpar lagáná poultice ká, aur sáf karná unko garm pání se zarúr hai. Dar súrat shiddat i sokhtgí ke, na honá pakáo ká ghair mumkinát se hai, isí sabab se dür karná rúí ká sirf páñch chhah din men aur garmí ke mausam men sháyad isse bhí kam arsah men zarúr hogá us waqt istamál poultice ká chand roz tak, aur bád uske sáf karná zakhm ká garm pání se cháhiye, aur chúnki satah jism ká áp ek zakhm hai, to lagáná zinc yá copper in solution ká zarúr hai.

Agar angúr narm par jáwen, aur satah jism se úpar ubhar áwe, to dabáná uská sulphate of copper aur nitrate of silver, aur pattiyon khushk párcahi lint se cháhiye. Jis waqt ki pakáo shurú ho, to bahál rakhná táqat ká bazariyah bahut muqawwí ghizá ke lázim hai. Chhichron ko kát dálná cháhiye, aur is báb men bahut ahtiyát karní cháhiye, bazariyah munásib pattiyon ke, ki azái ek dúsre se milkar ek jism na ho jáwen, maslan unglí unglí se, aur pahunchá bázú se, aur thoṛí, gardan yá chháti se. Jis súrat men koí azái jal-kar bilkul sokhtah ho jáwe, to kátná uská aksar khwá na khwá zarúr hogá, barwaqt táqat pakarne bímár ke.

Sawálát.

Dar súrat jalne ke khwá ág khwá pání se ásár kyá hote hain ?

In súraton men kyá iláj ikhtiyár karná cháhiye ?

Tum ko kháskar kis amar kí ziyádatah ahtiyát karní cháhiye jab ki bímári achchhe hone par átí hai ?

Jab koí azái bilkul sokhtah ho jáwe, to ham ko náchári uske bab men kyá karná paregá ?

APOPLEXIA; APOPLEXY.

Apoplexy is usually divided into two species, viz. the sanguineous and serous.

Symptoms.—If a person be sitting upright or walking about, he suddenly falls down and sometimes dies on the spot. If death does not instantly take place, you will generally find the pulse slow and full, the face livid, flushed and swollen. The lips are particularly livid, with froth proceeding from the mouth, and a blowing from the lips and nostrils. The pupils of the eyes are usually dilated, the eyes closed and insensible to light. Persons have recovered after remaining in this state for three days.

There are usually some premonitory symptoms before an attack of apoplexy. The person falls asleep in company and snores loudly, there is generally headache, a throbbing, and sense of tension and weight of the head, a dimness of sight, and double vision, giddiness and vertigo. Some have flashes of light like stars before the eyes, deafness, ringing in the ears, nightmare, epistaxis or bleeding at the nose. Others have slight twitches of the muscles, and occasional stammering with impaired memory, with more or less depression of spirits; at times there is paralysis. Sometimes the urine and faeces escape involuntarily, or there may be profuse sweating; these may be considered unsavourable symptoms.

The class of persons most liable to this disease are those who have a large thick head, short necks, circular breasts, and not very tall. Those who take little exercise, and little mental exertion; those who sleep too much, becoming plethoric; those indulging in too rich and abundant food. Anxiety of mind has a tendency to produce it, anger has sometimes destroyed life by apoplexy. Ischuria renalis has also produced it. Inflammation and suppuration of the brain sometimes produces it. A depressed piece of bone on the brain will produce it.

APOPLEXY; YĀNE SAKTAH.

Saktah ko aksar itbá ne do qismón men taqsím kiyá hai, sanguineous, yane damwí, aur serous, yane bádí pesh.

Alámaten.—Agar ádmí baiṭhá ho yá chaltá ho, yekáyek gir partá hai, aur baz auqát usí jagah mar játá hai. Agar usí waqt maríz talaf nahín hotá, to nabz men záuf aur imtalá páyá játá hai, aur chehrah men nílápán aur surkhí aur tahbuj ho játá hai. Honq kháskar níle hote hain, aur múnh se kaf áte hain, aur sáñs múnh aur nathnón donon taraf se átā hai. Putlí áñkh kí aksar farákh, aur áñkhen band ho játí hain, aur unceroshní nahín dikhlái detí. Ádmí achchhe ho gae hain, bad rahne ke is hál men tím din tak.

Az láhaq hone saktah ke chand alámaten numáyán hotí hain. Wuh shakhs jise yih marz honewálá hotá hai, ádmiyon men baiṭhe baiṭhe so játá hai, aur kharráte zor se lene lagtá hai, aur aksar sir men dard anr dhamak hotí hai, aur aisá malum hotá hai ki sir taná huá, aur bojhil hai, aur áñkh se dhundlá dikháí dene lagtá hai, aur ek shai do nazar átí hain, aur daurán sir hotá hai. Baze ádmiyon ko chamak roshní kí mánind sitáron kí áñkh ke áge malum detí hai, aur úñchá sunná, aur kánon men sansaní aur kábís hotá hai, aur naksír phútí hai, aur baze ádmiyon ko gúnah ainqthan paṭhon men malum hotí hai, aur kabhí kabhí zubán men luknat hotí hai, anr háfzah kharáb ho játá hai, aur dil par kam o besh udásí chhá játí hai, aur baz auqát fálij ho játá hai.

Us qism ke log is bímári men ziyádahtar mubtilá hote hain, jinká sir baṛá, aur gardan kotáh, aur sína gol aur qad miyánah hotá hai, aur jo riyázat aur fikar aur soch kam karte hain, aur jo bahut sote hain, jiske sabab se ratúbat paidá ho játí hai, aur wuh shakhs jo ki bahut tohfah aur ifrát se kháná kháte hain, aur tashwísh khátit bhí is marz ke paidá karne men mumid hai, aur baz auqát basabab ghaiz aur ghusse ke yih marz láhaq huá hai, aur jána talaf ho gái hai, basabab insidád pesháb ke bhí jo khalal gurdah se wáqa ho, yih marz paidá huá hai, baz waqt pesháb aur pákhánah khud baḥhud nikaltá hai, aur ziyádatí pasínah kí bhí ho saktí hai, aur yih ásár bahut námubárak hain. Aur warn aur pak jána dimágh ká bhí yih árzah paidá kartá hai. Agar kóí haddí dimágh kí baiṭh jáwe to usse bhí yih marz ho játá hai.

Apoplexy is liable to be confounded with syncope or fainting and with natural sleep. In syncope, respiration is suspended, the pulse is not to be felt at the wrist, the features shrink, and the surface of the body turns pale and cold. In apoplexy, the reverse of all this takes place. It is less easy to discriminate between apoplexy and natural sleep; the distinction can only be made, indeed, by our being able to rouse the person from sleep, however profound, by a certain degree of irritation. This cannot be done, or but very imperfectly, in apoplexy.

Treatment.—If apoplexy arises from a depressed piece of bone, it must of course be elevated. If it arises from any thing taken into the stomach, an emetic or the stomach pump must be employed. But if it arises from ordinary causes, the first thing is to raise the person's head and shoulders, to loosen every thing about the neck, and to open a vein in the arm or the jugular vein. The next thing should be to give a drop or two of croton oil or a scruple of calomel. A strong purgative injection should next be given. Ice should be applied to the head, mustard poultices applied to the feet and legs, and the patient be kept on very low diet. Calomel should be continued till the mouth is tender, afterwards a blister behind the ears, or over the whole of the head, may be applied. In apoplexy arising from ischuria renalis, you may give a grain or two of powdered cantharides night and morning, made up into a pill, as it is almost sure to make the bladder act. A person labouring under serous apoplexy, has a pale and collapsed face, arising from a state of exhaustion of the brain.

In this form of the disease, it is difficult to say how far there is irritation, and how far there is inflammation. It is best to evacuate as much as you can. Apply blisters rather than leeches, leeches rather than cupping, and cupping rather than bleeding from the arm, and at the same time give your patient moderate diet and ammonia.

Questions.

Into how many species is apoplexy usually divided, and what are they called ?

Saktah ko aksar ghalt fahmí se syncope, yane ghashí aur soná tasawwar karte hain. Syncope, yane ghashí men tanaffus manqúf ho játá hai, aur harkat nabz kaláí ke pás nahín rahtí, aur chehra sut játá hai; aur satah jism zard aur thandhá par játá hai, aur saktah men bilaks tamám in báton ke wáqá hotá hai; aur saktah aur khwáb men yih farq hai ki sote ádmí ko ham kisí taklís se jagá sakte hain, go ki nínd kitní hí ghálib ho, aur saktahwále kí nisbat yih nahín ho saktá, aur agar ho saktá hai to bahut khafí darjah men.

Maáljah.—Agar saktah basabab dabjáne kisí haqqí ke wáqá howe, to us haqqí ko únchá karná aur apní jagah par láná lázim hai, aur agar kisí aisí chíz se wáqá ho jo ki medeh men hai, to istamál adwiyah qaiáwar aur stomach pump ká karná cháhiye. Aur agar aur sababon mazkúrah bálí se wáqá howe, to awwal maríz ke sir aur kandhon ko únchá karná cháhiye, aur jo chíz gale men ho usko dhílá karen, aur háth kí fasd len, yá rug jugular vein, yane habal-ul-waríd kholen. Bäd iske ek yá do qatrah croton oil, yane jamálgotah ke tel ke, yá ek scruple calomel dey, aur bäd izán huqnah tez adwiyah dastáwar ká kiyá jáwe, aur barf sir par bándhey, aur poultice ráí ká pánw aur tágou men lagáwen, aur maríz ko bahut kam ghizá dey. Istamál calomel kú járí rahe jab tak ki múnh na ájáwe, iske bäd lagáne blister ká píchlé kánoy ke yá tamám sir par iktiyár hai. Jis súrat men ki marz saktah basabab insdád pesháb ke jo khálal gurdah se paidá huá ho láhaq howe, to ek yá do grain pisí huí teliní makkhí kí subah o shám golí banákar dí jáwen, kyunki yaqín partá hai ki yih dawá masánah ko harkat degí. Agar kisí shakhs ko saktah basabab ratúbat ke howe, to uská chehra zard aur naqíh hotá hai, aur uská bíls yih hai ki dimágh khálí hotá hai.

Is súrat kí bímári men is bát ká jánuá mushkil hai, ki kis qadar sozish aur warm dimágh men hai, bihtar yih hai ki jahán tak ho sake tanqiyah karen, aur blister ko jokon se aur jokon ko síngiyon se aur síngiyon ko fasd bázú se muqaddam jánen, aur is ərsah men maríz ko ghizá kam aur ammonia dewen.

Sawálát.

Kai qism men saktah ko aksar itbá ne taqsím kiyá hai aur har ek qism ká kyá kyá nám hai ?

What are the usual symptoms of apoplexy ?

What are the usual premonitory symptoms of an attack of apoplexy ?

What class of individuals are most liable to this disease ?

What may be considered unfavourable signs in apoplexy ?

How is apoplexy to be distinguished from syncope or natural sleep ?

What treatment should be adopted ?

In apoplexy arising from ischuria renalis, what would you give ?

What appearance has a person labouring under serous apoplexy ?

What treatment would you adopt in serous apoplexy ?

APHTHÆ OR THRUSH.

Symptoms.—This disease consists in the formation of vesicles within the mouth and lips, and all the way along the cheeks, tongue and “Velum pendulum palati,” the tonsils and pharynx.

It is most common in infants, but it is frequently seen in adults, at the end of chronic diseases, and at the end of phthisis pulmonalis. The mouth is usually hot, and the child fretful and uneasy. The appearance of the ulcer is that of a small white spot or speck, occurring singly or in clusters, on some parts of the mucous membrane of the mouth or throat. When single or few, aphthæ are usually found on the inside of the lower lip, on the gums, or on the tongue. When numerous or confluent, the inside of the cheeks are quite covered with them, or they extend backwards to the fauces. It is generally from three to four days from the bursting of the vesicle to the formation of the crust, and its cicatrization. The crusts, on being swallowed, become a source of irritation to the stomach and bowels, and it is thought that the disease itself may be thus propagated to these parts.

So long as the spots retain the appearance of a circular shape and white colour, shewing no disposition to spread rapidly, and the child's strength does not give way, no apprehension need be entertained; but when they show a disposition to alter their appearance, assuming any character indicative of their taking on an unhealthy action, and when they spread along the pharynx, much danger is to be apprehended.

Saktah kí māmúlī alámateñ kyá hotí hain ?

Māmúlī alámateñ qab laz láhaq hone saktah ke kyá hotí hain ?

Kis qism ke logon ko yih árzah ziyádahtar láhaq' hotá hai ?

Kaunsí alámateñ marz saktah men námubárak hotí hain ?

Saktah aur ghashí aur khwáb men kyunkar tamíz kar sakte hain ?

Kyá jláj karná cháhiye ?

Agar insdád pesháb khálal gurdah se paidá ho, aur uske sabab se saktah ho jáwe, to kyá jláj karná cháhiye ?

Agar kísí ko saktah ratúbat se howe, to uskí kyá shakl hotí hai ?

Saktah jo ratúbat se howe uská kyá jláj karná cháhiye ?

APHTHÆ OR THRUSH, YĀNE CHHÁLE MUNH KE.

Alámateñ.—Is marz men múnh aur honqon aur kalloon aur zubán aur hajábülhanak men chhále par játe hain, balki jild men tálú ke, aur lauztín aur halq men ho játe hain.

Yih marz aksar bachchoñ ko lábaq hotá hai, lekin bárhá jawánon ko bhí ákhír kohnah bímríyon ke aur ákhír bímrí-i-sil men hotá hai, múnh aksar jaltá rahtá hai, aur bachchá chichirá aur bechain rahtá hai, aur shakl zakhm kí mániud sufed dágħ ke hotí hai, khwá dágħ munfarid khwá mujtime úpar muqámon ratúbat paidá karnewále múnh aur halq ke hoñ. Dar súrat munfarid hone dágħhoñ ke chand chhále andar kí taraf píchhe talc ke honq ke aur masúroñ men yá zubán par paidá hote hain, aur dar súrat mujtimá hone ke kalle unsc bilkul qħak játe hain, yá yih áblah halq kí taraf phailte hain. Aksar tín chár din ke aṣseh men bäd paidá hone ke chhále khushk hokar chhilke hojátc hain, agar yih chhilke peṭ men utar jáwen, to medeh aur antariyon men báis kharásh aur ázár ke hote hain, aur yih khuyál kiyá gayá hai ki yih bímrí khud in muqámon men in chhilkoñ ke sabab phailtī hai.

Jab tak ki yih dágħ mudawwir aur sufed rahte hain, aur jald taraqqí karte hue nahín malúm dete, aur bachebe kí táqat bhí nahín għaqtí, to aisi súrat men jagħi andeshah kí nahín hai, lekin jis hál men unkí hyyat men tabaddul páyá játá hai, is tarah par ki sihat men khálal andáz ho, yá yih ki chhále halq kí taraf phail jáwen, to is súrat men albattah jagħi andeshah kí hai.

Treatment.—When aphthæ are merely a local affection, they may often be quickly removed by local means alone, paying attention to the state of the health, particularly the condition of the bowels. A mild laxative will often remove the disease at once. When diarrhoea occurs, great attention must be paid to the state of the bowels, and support the strength when it begins to fail, particularly when the aphthæ assume an unhealthy aspect. Regulating the diet, or changing the nurse, attention to cleanliness, the occasional use of the warm bath, change of air, are essential in protracted cases, or when the aphthæ are prone to recur.

The local application of a solution of borax in the first instance and that of alum subsequently is the usual treatment. When the aphthæ are few or very irritable, touching them lightly with the nitrate of silver will best dispose them to heal, and lessen their sensibility; in more protracted cases, great benefit is sometimes derived from a linctus of sulphate of copper.

In adults, gargles composed of the chlorides of soda or lime, diluted with six or eight times their weight of water, frequently change the appearance of the mouth almost immediately.

Questions.

Describe the disease aphthæ ?

What are the usual symptoms of aphthæ ?

What class of patients usually labour under this disease ?

How long does the process take for its completion ?

What effect has it on the child, when it swallows these crusts ?

What constitutional treatment is to be followed in this disease ?

What local treatment should you adopt ?

What treatment should follow when adults suffer from this disease ?

ASTHMA.

Symptoms.—In this disease, there is a spasmodic affection of the organs of respiration, situated lower down than the larynx. It is preceded by languor, flatulency, headache, and a sense of fulness and straitness about the lower part of the chest. During the invasion of the spasmodic form, which generally occurs during the first

Maqljah.—Jab ki chhále sirf muñh hí men̄ hon̄, to wuh dawá lagáne se jaldí rafā ho sakte haiñ, magar k̄hiyál taraf hál sihat aur antariyon ke cháhiye, jab ishál wáqahó to niháyat liház antariyon ká cháhiye, aur jab ki táqat maríz kí ghaṭné lage, to uská sanbhálná zarúr hai, khasúsán jis súrat men̄ chhále aisá zor pakar jáweñ ki sihat men̄ khalal áe, durust karná ghizá ká, aur badalná anná ká, aur k̄hiyál rakhná taraf safáí ke, aur naháná garm pání se, aur tabaddul hawá par zarúr hai, jab ki bímári muddat kí ho jáwe, vâ chhále achelhe hokar aud kar áwen.

Lagáná ghule hue suhágah ká ibtidá men̄, aur phiṭkirí ká baḍhu nám̄ kí iláj hai. Jab ki chhále kam hon̄, yá bahut dard dete hoñ, to chhierñá nitrate of silver ká unko achhhá karne par le áwegá, aur lard men̄ taḳhsíf kar degá. Agar bímári muddat kí ho gaí ho, to linctus níle thothe ká niháyat fáidah baḳhshegá.

Jawán ádmiyon ko ḡħargħarах banáyá huá chlorides soda, yane ijjí ká, yá lime, yane chúnah ká, jismen̄ chħah yá áṭh miqdár wá se pání ziyádah howe, aksar hyyat muñh kí fauran badal detá hai.

Sawáldá.

Bímári aphthæ, yane muñh ke chħálon ká hál bayán karo ?
Mamúlī alamaten̄ chħálon kí kyá haiñ ?
Kinko yili bímári aksar láhaq hotí hai ?
Kitne ərsah men̄ chhále hokar khushkí par áte haiñ ?
Jah ki bachchá chħilkon ko nigal játá hai to kyá asar paidá hotá hai ?
Kyá asli iláj karná cháhiye is bímári men̄ ?
Kyá muñh men̄ lagáná cháhiye ?
Kyá iláj karná cháhiye jab ki jawán is marz men̄ mubtılá hon̄ ?

ASTHMA, YĀNE DAMÁ.

Alámateñ.—Is bímári men̄ un puṭṭhon̄ men̄ jo ki níche hanjra ke haiñ, aur jinke sabab se dam átā hai tashannuj hotá hai, qabl az wáqah hone daure is marz ke sustí aur nafkh aur dard sir hotá hai, aur níche kí taraf chħáti ke bojh aur rukáwaṭ aksar auqáṭ barwaqt sone ke malúm detí hai, bímár yakáyak sote sote jág uṭħtā

sleep; the patient suddenly awakes as if from suffocation, and eagerly assumes the erect posture, sometimes vomits, breathing and wheezing laborious and loud; countenance haggard and anxious; becomes bloated; eyes prominent and ejected; pulse hurried, small and feeble, irregular and sometimes intermittent; speaking, coughing and expectoration very difficult. Its humoral form is attended with a copious secretion of mucus from the commencement; the disease is unaccompanied with fever. You will distinguish asthma from hydrothorax thus: in the former, if you strike all over the chest, you will have a clear loud sound, which you have not in the latter, if the cavity be filled with water.

Treatment.—During the fit, if the patient is young, robust, and very plethoric, and the paroxysm be severe, bleeding may afford relief. Narcotics and antispasmodics have been found useful, more particularly in the pure nervous form. Smoking stramonium either by itself, or combined with tobacco alone, has proved very beneficial. Great relief is obtained when expectoration ensues. Very strong coffee has been found useful during the fit. After the fit is over, you should remove all symptoms of dyspepsia, by combining aperients and carminatives. Cold sponging the chest with vinegar and water twice a day, has sometimes afforded wonderful relief.

Questions.

How many forms of asthma are there, and what are they called?

What are the symptoms of asthma?

How do you distinguish asthma from hydrothorax?

What treatment would you adopt during a fit of asthma?

When the fit is over, what more would you do?

Is there any peculiarity attending the humoral form?

hai, is taur par ki goyá dam ruk gayá aur sídhá ho baihtá hai, baze waqt qai átí hai, aur dam khinchkar áwáz ke sáth aur diqqat se átá hai, chahrah badnumá aur pareshán aur bhamráyá huá mālum hotá hai, áñkhen barí aur ubhrí húí hotí hain, aur nabz men ghabráhat aur báríkí aur zauf aur nádurustí hotí hai, aur baze waqt Intermittent, yane nabz chaltí hai, aur baze waqt nahín chaltí, aur bolná aur khánsná aur khanqár ke thúkná bahut dushwár hotá hai, agar yih marz ratúbat se wáqá howe to kaf baifrat shurú daurah se nikaltá hai, is bímári ke daurah men bukhár nahín hotá.

Maáljah.—Is marz kí naubat men agar maríz jawáni aur qawí aur bahut damví mízaj howe, aur daurah bashiddat howe, to khún lene se bahut ifáqah hotá hai, adwiyat khuáb áwar aur dáfa tashan-nuj bahut mufid hotí hain, khasúsan jabki yih marz puññhon ke khalal se wáqá howe, píná dhatúrah ká tanhá yá basharáqat tambákú ke, yá sirf tambákú huqqah men aksar bahut fáidah bañsh huá hai, aur kaf nikalne se bhí bahut fáidah hotá hai, tez baná huá qahwah darmiyán daurah is marz ke fáidahmand hai. Bød mauqúf hone daurah ke rafa karná tamám alámaton badhazmí ká bazariyah shamúl adwiyah muhallil aur dáfa riyáh ke cháhiye, tar karná chhátí ká bazariyah sponge ke áb i sard aur sirke se din men do dafa badarjah kamál mufid húá hai. Farq darmiyán asthmá, (yane damá), aur hydrothorax, yane us marz ke jiske sabab chhátí men pání bhar játá hai is taur par kiyá játá hai, pahlí súrat men agar tamám chhátí ko thapken to ek sáf aur zor kí áwáz niklegí, aur dúsri súrat men jabki chhátí men pání bhará huá hai, thapakne se yih bát nahín pái jáne kí.

Sawálát.

Kai qism ká damá hotá hai, aur uská judá judá nám kyá hai ?

Kyá alámateñ damá kí hotí hain ?

Tum damá aur hydrothorax men kyúñkar farq kar sakte ho ?

Kyá khás bát hotá hai us damá men jo basabab ratúbat ke wáqá hotá hai ?

Darmiyán daurah damah ke kyá maáljah karná cháhiye ?

Jabki daurah khatam howe to uske bad kyá tadbír karní cháhiye ?

BRONCHITIS; INFLAMMATION OF THE BRONCHIÆ.

This disease may either be acute or chronic.

Symptoms. Of the acute form.—This disease usually succeeds a common cold, commencing sometimes by inflammation of the tonsils and fauces, extending to the lining of the larynx, and thence downwards to the trachea and bronchi: at other times the inflammation begins in the bronchi, especially in those whose lungs are susceptible. At first there is a feeling of roughness in the windpipe, which occasions frequent attempts to clear the throat, and is much increased by talking. There is generally more or less hoarseness, with a tight feeling across the chest, often amounting to pain. Signs of fever are usually now felt, such as lassitude, cold shiverings, pain in the limbs and quick pulse, and expectoration of a thin fluid, having a saline taste. As this expectoration becomes thicker, and more abundant, the symptoms become more ameliorated. The tightness across the chest is diminished or removed, the pulse becomes less frequent, the skin perspires freely, the urine becomes copious, and deposits an abundant sediment. In favourable cases, the disease declines between the fourth and eighth day. In severe cases the symptoms are much more aggravated; the patient complains of headache, particularly over the eyes, sickness, and loss of appetite; the tongue is foul, and the urine scanty and high coloured. The dyspnoea is urgent, particularly at night, and the tightness and pain in the chest aggravated by cough. The pain in the chest is generally under the sternum, and is more obtuse than the pain of pleurisy; the pulse is hard and quick. The expectoration is scanty at first, and afterwards becomes copious; it is glairy, frothy, sometimes streaked with blood, and its evacuation affords but little relief to the cough or breathing. In some cases, a state of collapse very rapidly takes place; the pulse becomes very weak, frequent and often irregular, the countenance pallid and expressive of great anxiety, and often covered with a cold sweat; the strength is wasted by efforts to relieve the lungs of the accumulation of mucus, but the cough becomes less and less effectual to remove it,

BRONCHITIS; YANE WARM ARUQ KHISHNAH.

Yih marz do tarah ká hotá hai, yá to acute, yane shadíd, aur chronic, yane kohnah.

Alámatey. Marz shadíd kí.—Yih árzah aksar auqát bád zukám ke láhaq hotá hai, aur ibtidá men baz martabah lauzaten aur halaq men warm ákar hinjrah men phail játá hai, aur yahán se taraf qasbatahulriyáh aur aruq khishnah ke rujú kartá hai, baz auqát warm khishnah hí men shurú hotá hai, khasusan un logon ke jinke pheprah men khalal hotá hai. Ibtidá men halqum men náhamwári aur durustí málum detí hai, jiske rafá karne ke wáste ádmí aksar khankártá hai, aur yih náhamwári báten karne se bahut ziyádah hotí hai. Aksar marízon ko kam o besh giraftgí áwáz aur tangí chhátí men hotí hai, jiske sabab dard sá málum detá hai. Is mauqá par ásár bukhár numáyáñ hote hain, maslan sustí aur phureriyáñ, aur dard azá, aur tezí nabz, aur nikalná namkín raqíq kaf ká. Jis qadar yih kaf ghalíz hokar ifrát se nikaltá hai, usí qadar ásár is marz ke nek málum dete hain. Tangí chhátí kí kam yá rafá hojatí hai, nabz men pahlí sí tezí nahín raftí, aur badan par pasiná baikhúdí, aur pesháb khulkar átá hai, aur pesháb men bahut dard baith játá hai. Jis súrat men yih marz khasif hotá hai, to chauthé roz se áth-wen roz tak ghaṭ játá hai, aur dar súrat shadíd hone is árzah ke ásár marz bahut ziyádah hote hain; maríz ko dard sir kí shikáyat hotí hai, khasusan ánkhoñ ke úpar, aur dil matlátá hai, aur ishtahá játí raftí hai, aur Zubán ghalíz raftí hai, aur pesháb thorá thorá aur surkh átá hai. Dam chayhtá hai, khasusan rát ko, tangí aur dard chhátí ká khánsí ke sáth ziyádah hotá hai; aur yih dard aksar tale chhátí kí haddí ke hotá hai, aur us dard kí nisbat joghishái-ul-riyah men hotá hai kamtar hotá hai; nabz men salábat aur sarat pái játí hai, aur ibtidá men balgham kam aur bádah ifrát se nikaltá hai, aur chapchapá aur kasdár hotá hai, aur baz auqát surkhí khún usmen numáyáñ hotí hai, aur uske ikehráj se khánsí aur dam chayhne men kuchli farq nahín partá. Baz marízon ko bahut jald naqáhat ho játí hai, aur nabz niháyat zaíf aur beqáidah paṭ játí hai, aur chahrah par zardí aur niháyat áshuftgí záhir hotá hai, aur thandá pasiná chahrah par aksarátá raftá hai, aur chúnki maríz wáste rafá karne balgham ke jo ki pheprah men jamá hotá játá hai koshish se khánstá

whilst the wheezing and audible rattle in the bronchiæ increase. Lividity, delirium, and suffocation ensue from the circulation of black blood in the system, and the patient dies. In these severe cases, death often ensues in two days.

The disease may arise from the application of cold to the surface of the body, particularly when conjoined with moisture, as for instance, by wearing damp clothing, or exposure to a cold, moist, variable atmosphere, especially after the body has been heated by exercise, crowded rooms, &c.

Irritating gases and vapours may excite inflammation of the bronchial membrane; but this soon passes away. Some of the acute eruptive diseases occasionally cause a very severe form of bronchitis. An attack of gout in those predisposed to bronchial inflammation, has been known to cause it.

Bronchitis may be distinguished from pneumonia by the nature of the expectoration, which, although in severe cases it is often viscid, is less so than in pneumonia, and wants altogether that rusty tinge so characteristic of the latter disease: it is also distinguished by the clear sound on percussion of the chest and the absence of the "crepitant rhoncus" or broncophony. From pleuritis, the clear sound on percussion is sufficient to separate it.

The prognosis in acute bronchitis must depend on the extent of the disease; when slight, and without much dyspnœa or fever, it may terminate in from six days to three or four weeks, and its disposition to pass off is always indicated by the expectoration becoming opaque and thick, and gradually diminishing in quantity. This change is always observable in the mornings, the evening exacerbation restoring the thin glairy character to the sputa. A relapse is marked by the expectorated matter becoming again transparent and glairy, and this is always accompanied by an aggravation of the cough and other symptoms.

hai us meñ uskí táqat záil ho játí hai, aur khánsná wáste dúr karne balgham ke darjah badarjah kam muassar hotá játá hai, aur rukná dam ká aur bolná ghúngaro ká ziyádah hotá játá hai, aur is hál meñ basabab daurah siyáh khún ke rang nílgún ho játá hai, aur bahakná aur ghuṭná gale ká paidá hotá hai, aur maríz aise hál tashaddud meñ aksar do din ke ərsah meñ tamám ho játá hai.

Itsál barúdat satah jism par ƙhasúsan us súrat meñ ki barúdat ke sáth ratúbat bhí ho, maslan pahanná nam kapron ká aur khulá rah-násámne sard aur nam aur badalnewálí hawá ke, ƙhasúsan us hálat meñ ki mashaqqat aur riyázat ke sabab badan meñ garmí á gaí ho, aur aise makán jis meñ bahut bhír ho, aur aisí aisí aur chízen báis paidá karne is bímrí kí hotí hajn.

Aisí hawáoñ aur bukhárát se bhí jinse dháns uhtí hai pardah arúq khishnah men waram ájátá hai, magar jald rafá ho játá hai. Basabab baze báhar nikalnewále marzon ke gáhe gáhe yih marz niháyat sakht tarah ká paidá hotá hai, aisá bhí huá hai ki báas láhaq hone got yane niqras ke aise shakhson ko jin meñ medeh waram arúq khishnah pahle se maujúd thá yih marz áriz ho gayá hai.

Tamíz darmiyán is marz aur pneumonia, yane waram pheprah ke hyyat balgham se kí játí hai, kyúñki agarchah shiddat meñ is marz ke bhí balgham gárho aur chaspán hotá hai, magar us balgham se jo ki marz pneumonia meñ nikaltá hai kam ghalíz hotá hai, aur usmen zangári rang jo ki waram pheprah ká asal nishán hai nahín páyá játá, shanákht is marz kí yih bhí hai ki agar chhási ko thapken to ck áwáz sáf paidá hotí hai.

Agar yih marz shadíd honewálá hotá hai to alámateñ bhí uskí ziyádah hotí hain; jabki yih marz khafí hotá hai, aur uske sáth dam ká cháhná aur bukhár shiddat se nahín hotá to chhaṭe roz se tín yáchár haftah ke ərsah meñ játá rahtá hai, aur muqarrárí ásár uske záil hone ke yih hain ki balgham shafáf aur raqíq nahín rahtá, aur batadríj kam hotá játá hai. Yih tabdil subah ke waqt musháhidah kiyá játá hai, kyúñki ásár bukhár jo shám ko ziyádah hote hain, balgham men phir riqqat aur shafáff paidá karte hain. Aud karne is marz kí shanákht yih hai ki balgham phir shafáf hotá hai, aur uske sáth hameshah khánsí aur alámateñ is marz kí ziyádah ho játí hain.

In severe cases where the dyspnoea is great and unremitting, and particularly where the fever was high in the beginning, and if the acute symptoms have yielded to the state of collapse, accompanied with extreme anxiety of the pallid countenance, and a slight appearance of lividity, announcing asphyxia with little or no respiratory murmur heard on the application of the ear or stethoscope to the chest, there is direct evidence of impending dissolution.

Treatment of Acute Bronchitis.—In slight cases, the patient should take a powder containing five grains of calomel, and five grains of James' or ipecacuanha powder at bed time, followed up in the morning with a brisk purge of salts and senna. Perspiration should be induced by placing the feet in hot water, and then getting into a warm bed, and well covered up. If perspiration comes on, and the purgative operates well, the disease is generally cured at once, and it is only necessary to remain at home, and to abstain from animal food and wine the next day to prevent a return. If however perspiration does not come on, the disease generally proceeds; he may then take the following mixture, which will facilitate expectoration, and relieve the cough: Ten minimis of the tincture of squills, thirty minimis of ipecacuanha wine, and eight minimis of liquor potassæ, given three or four times a day in a little rice water. Should nausea be produced, the dose may be diminished, and if the cough is still troublesome at night, he may take ten grains of the extract or thirty drops of the tincture of henbane in any bland fluid. If however the case should be obstinate, the chest may be rubbed with an ointment composed of one part of tartar emetic, and two parts of simple ointment; this will bring out a copious crop of pustules, and will probably cause the cough to become loose, and the expectoration easy. Towards the termination of the disease, when all the febrile symptoms are gone, animal food and wine may be indulged in with impunity and even with advantage.

In severe cases, however, the treatment should be more energetic. From sixteen to twenty ounces of blood must be taken from the arm, and be repeated in a few hours if the pulse is not subdued. Should the pulse be weak, or if the patient is advanced in life, local bleeding by leeches or cupping over the chest must be substi-

Hálati tashaddud men jabki dam baghair waqfah ke khinchkar átá hai, khasúsán jabki ibtidá men bukhár bashiddat ho chuká ho, aur jis súrat men basabab alámaton shadíd ke maríz niháyat zaíf aur past ho gayá ho, aur chahrah zard aur áshustah aur nílgún howe, jinse záhir hotá hai ki nabz aur dil harkat nahín karte, aur agar bá sabab lagáne kán yá álah stethescope ke chhátí par áwáz chalne sáns kí namálumewe, in báton se sáf záhir hotá hai ki marg men kuch waqfah nahín rahá.

Maqljah.—*Shadíd marz warm khishnah ká.*—Dar súrat khaffí hone is marz ke maríz ko pánch grain calomel yane kushtah párah majh pánch grain James' powder yá ipecacuanha powder sote waqt dewen, aur subah ko tez julláb senna aur salt yane namak ká piláwen. Wáste láne pasínah ke panw garm pání men rakhe jáen, aur bádhú maríz ko garm bichliaunon men litá kar khúb kapre se dhak den. Agar pasíná ájátá hai, aur julláb khátir khwá apná ámal kartá hai, to marz ká aksar nám o nishán bhí báqí nahín rahtá, aur maríz ko faqt itná zarúr hotá hai ki báhar na nikle aur gosht na kháwe aur sharáb na píwe, táki marz dúsre din áud na kar áwe. Jis súrat men pasíná nahín átá to aksar hotá hai ki marz ziyálah ho játá hai; aise mauqá par nuskhai zail balgham ko baásání khárij karegá, aur khánsí men ifáqah ho jáwegá: das qatrah tincture squills ke aur tís qatrah ipecacuanha wine aur áth qatrah liquor potassæ ke tín yá chár dasá din men cháwal ke pání ke sáth dewen. Agar dil matláwe, to is dawá ko kam dewen, aur agar khánsí is par bhí rát ko taklíf detí ho to das grain extract yá tís qatrah tincture henbane ke kisí latif ashurbah ke sáth dewen. Agar is par bhí marz men farq na pare, to ek hissah marham tartar emetic, aur do hissah marham sádah ke shámil karke chhátí par maleñ, isse phunsiyáñ ifrát se nikal áwengí, aur balgham bahut phaṭ kar baásání niklegá. Barwaqt khatam hone is marz ke, jabki ásár bukhár ke záil ho jáwengí, khána gosht ká aur istamál sharáb ká kuchh khalal nahín karneká, balki sáidah baikhshegá.

Tashaddud marz men iláj isse bhí ziyádah sakht karná cháhiye, yane solah ounce se bis ounce tak bazariah fasd háth ke khún liyá jáwe; aur agar nabz men záuf na ejáwe, to chand ghantron ke bád fasd do bárah karní zarúr hai, aur agar nabz men záuf aur maríz umr rasídah ho to chhátí se biliwaz fasd ke bazariah singion yá

tated. Cupping is to be preferred, as its effect is more speedy and within control. Where the inflammation is high, the following powder should be given: calomel five grains, ipecacuanha powder three grains, jalap fifteen grains, followed up in four hours, with the following mixture.

Liquor ammoniae acetatis, two ounces.

Magnesia sulphas, one ounce.

Tartar emetic, two grains.

Camphor mixture, six ounces.

Of this a small wine-glass full should be given, and repeated every three or four hours. When the inflammation is subdued, the dyspnoea and cough will be relieved giving three or four times a day, eight or ten drops of antimonial wine in a little rice water, diminishing or discontinuing the digitalis, if the pulse becomes intermittent. Should the dyspnoea continue, the tartar emetic solution should be increased to the extent the stomach can bear short of vomiting. Calomel and opium combined, and given in frequently repeated doses, are also sometimes highly beneficial, especially if the complaint is complicated with hepatic disease. Great relief will now be obtained by rubbing in the tartar emetic ointment. In the collapsed state, the patient should have stimulating expectorants, the best of which is thought to be full doses of the carbonate of ammonia, mixed in an infusion of the "lobelia inflata," if it can be procured, in the following proportions.

Infusion of lobelia inflata, one ounce.

Carbonate of ammonia, ten grains, every four or five hours.

As yet, nothing is known that will obviate the bad effects of black blood in the system.

In acute bronchitis, the diet must be very simple, avoiding animal food, smoking, wine, and spirituous liquors. Farinaceous and milk diet is the best to be adopted; but as the disease wears out, animal food in small quantities may be given, and the strength supported by the bitter infusions of gentian, chiretta, or cinchona bark. Sudden transitions of temperature and improper clothing must be strictly avoided.

jonkon ke khún lewen. Síngiyán jonkon se bahtar haip, kyúñki unká asar jald hotá hai, aur ikhtiyár men bhí hain. Jis súrat men warm ziyádatí par howe, to safúf-i-zail dená cháhiye, calomel pánchez grain, aur ipecacuanha powder tín grain, aur jalap pandrah grain, aur bäd iske chár ghanṭe ke ársah men mixture

Liquor ammoniæ acetatis, do ounce,

Magnesia sulphas, ek ounce, aur

Tartar emetic, do grain, aur

Camphor mixture, chhah ounce, diyá jáwe.

Aur usko is men se hamiqdár chhoté wine glass ke tín yá chár ghanṭe ke bäd dete raheṇ. Jab ki warm ghat jáwegá to dam ke charhne aur khágí men takhsíf ho jáwegí ki iske bäd tín yá chár martabah ek din men átlu yá das qatrah tincture digitalis ke, aur tís qatrah antimoniai wine ke thorę se cháwal ke páni men den, aur agar nabz betaríb howe to digitalis ko kam yá mauqíf kar den. Agar charhná dam ká járí rahe, to tartar emetic solution ziyádah kiyá júwe, niagar itná ki medeh jhel le, aur qai na áwe. Aksar dená calomel kí milákar opium ke sáth baz auqát bahut musid huá hai, khasusan jab ki is marz ke sáth khalal jigar bhí huá hai. Is hálat men maluá marham tartar emetic ká bahut musid hotá hai. Hálat zuf men maríz ko adwiyah muharrik jo dáfa balgham hon dení zarúr hain, in adwiyah men se dená carbonate of ammonia ke sáth infusion of lobelia inflata ke bahtar jánte hain, bashartiki yih ákhir kí dawá dastiyáb ho sake, aur wazan in adwiyah ká yih hai.

Infusion lobelia, ek ounce.

Carbonate of ammonia, das grain, chauthé yá pánchez ghanṭah dete raheṇ.

Jo ki ab tak kuchh khabar nahíñ hai ki kaunsi bát se asar bad daurah siyáh khún ká jo is marz ke sabab jism men hotá hai na-híñ honeká.

Isliye pur zarúr hai ki ghizá sádí howe, aur gosht aur huqqah waghairá aur sharábon se parhez rahe. Ghizá quwwat baikhsh aur patle dúdh men milákar dení bahut bahtar hai, lekin chágki marz áp tanazzul par hai, gosht thorá thorá dewen, aur táqat maríz kí bazariáh bitter infusion of gentian yá chiretta yá cinchona bark ke bahál rakhní cháhiye. Yekáyek badalne áb o hawá se aur pa-hanne námunásib kapron se niháyat ahtiráz zarúr hai.

CHRONIC BRONCHITIS.

This disease is most common in advanced life; in its severer form it is accompanied with dyspnoea, occasional pain in the chest and about the heart, some febrile symptoms, especially towards evening, palpitation, and disorder of the digestive functions. The cough is sometimes very severe, especially at night, and the expectoration copious; and if these persist long, they seldom fail to waste the body and reduce the strength. The expectoration generally consists of a greenish white mucus; sometimes it is purulent and streaked with blood, and occasionally it is pure pus. In such cases there is generally a quick pulse and signs of hectic, and the disease terminates fatally, with night sweats, emaciation, diarrhoea, and all the common symptoms of pulmonary consumption.

The worst cases are usually those which succeed to repeated or severe attacks of acute bronchitis. Chronic bronchitis when occurring in early life, generally follows hooping cough, measles, small-pox, or some cutaneous eruption. Individuals following certain trades are often affected with it, such as cotton cleaners, stone cutters, and leather dressers, the disease being excited by the habitual inhalation of air loaded with dust.

Treatment.—Except in cases of a temporary increase of pulmonary congestion, or aggravation of inflammation, blood-letting is not admissible in the chronic form of the disease. Counter-irritation by Tartar emetic ointment may, if required, be employed for months together, and will afford very great relief, assisted by expectorants. The following may be administered four or five times a day.

Powdered ipecacuanha, one grain, or of the

Ipecacuanha wine, twenty minims.

Tincture of squills, ten minims.

Tincture of digitalis, five minims.

Tincture of opium, five minims.

**CHRONIC BRONCHITIS, YANE KOHNAH WARAH
ARUQ KHISHNAH.**

Yih marz niháyat aksar umar rasída logon ko wáqá hotá hai aur hálat shiddat men dam charhtá hai, aur kabhí kabhí dard chhátí men aur qarib dil ke hotá hai. Báz ásár bukhár ke khasus san sbám ke waqt numáyán hote hain, aur dil dháraktá hai, aur tákhatázmah mcn farq parjátá hai. Khánsí baze waqt niháyat shiddat se hotí hai khasúsan rát ko, aur balgham ifrát se nikaltá hai, aur agar yih báten bader járí rakhte hain to hamesha jism ko naqíh aur tákhat ko ghaṭá dete hain. Aksar balgham sused sabzí liye hue aur lasdár hotá hai, aur baze waqt usmen píb aur surkhí khún kí bhí numáyán hotí hai, aur kabhí aisá hotá hai ki bilkul píb hí nikaltí hai, in súraton men nabz aksar tez raftár rahtí hai, aur ásár tap-i-diq ke numáyán hote hain, aur ákhir ko rát ke waqt pasíná áyá kartá hai, aur badan naqíh ho játá hai, aur dast áne lagte hain, aur tamám ásár sil ke numáyán hote hain, aur maríz halák ho játá hai.

Yih marz niháyat bad us súrat men hotá hai ki bád mu-karrir aur shadíd hamlon waram aruq khishnah ke wáqá howe, laṛakpan men yih marz aksar auqát bád hooping cough yane kúkar khánsí yá measles, yane husbeh, aur small-pox yane sítlá, yá aur iqásam ke dáno ke jo jild par ho játe hain láhaq hotá hai. Baze peshewar bhí misl dhunion aur sangtaráshon aur chamrá sáf karnewálón ke aksar is marz men mubtilá hote hain, basabab iske ki hawá gard ghubbár-i-álúdah sáns ke sáth unkí chhátí men játí hai.

Maáljah.—Siwa in do súraton ke, ki yá to us mawád men jo phepre men jamá hai ziyádatí ho jáwe yá waram taraqqí pakre, lená khún ká is marz men jáiz nahín. Agar counter-irritation kí hájat ho to istamal uská bazariah marham tartar emetic ke mahínón karná cháhiye, kyunki yih bahut fáidah baksamégá aur uskí madad ke liye adwiyah dásá balgham dení cháhiyen, adwiyah zail din men chár yá páñch dasa hamrah cháwal ke paní yá áb-i-jau ke jo bamiqdár ek wine-glass ke ho dijáwen.

Powder ipecacuanha, ek grain.

Yá dawá marqum-i-balá ke iwaz ipecacuanhá wine, bís qatrah.

Tincture of squill, das qatrah.

Tincture of digitalis, páñch qatrah.

Tincture of opium, páñch qatrah,

in a wine glass full of barley or rice water; care being taken to watch the action of the digitalis, both on account of its effects on the circulation, and its tendency to disorder the stomach and bowels. The same remarks apply to the colchicum.

When dyspncea is very violent, from five to ten grains of the carbonate of ammonia may be given, in camphor mixture, every hour, according to its effects. When the cough is very violent, the extract of conium in doses of five grains three or four times a day has afforded great relief. The dose may be increased until it produces some giddiness, tremor, nausea, or a heavy sensation and tightness in the forehead. It is advantageous to combine it with ipecacuanha.

The state of the bowels should be watched, and if aperients are indicated, the following pills may be taken.

Powdered aloes,	} of each half a drachm.
Extract of colocynth,	
Gum assafœtida, forty grains.	
Powdered ipecacuanha, twenty grains.	

The whole to be thoroughly mixed, and made into twenty-four pills, of which two or three may be taken as required. Should the disease be complicated with a disordered liver, then alterative doses of blue pill, or the compound calomel pill are indicated. Should the disease have extended to the mucus membrane of the stomach and bowels, it must be relieved by leeches and blisters to the epigastrium, castor-oil, warm baths, and the most rigid regulation of diet, discontinuing of course all the stimulating medicines which had been previously ordered for the bronchial disease at first. When the gastric disease has been subdued, the former medicines may then be repeated. The diet in all cases should be mild and simple, consisting chiefly of farinaceous and milky food. Wine, beer, or spirits are to be strictly forbidden.

The body should be daily sponged with cold salt water or vinegar and water, and then rubbed thoroughly dry. Flannel should be worn next to the skin, and all unnecessary exposure to the cold

Magar baliház digitalis ke yih Ḳhyál rakhná cháhiye ki daure Ḳhún men usne kyá asar paida kiyá aur medeh aur antariyon men kuchh Ḳhalal to nahín huá, aur yihí Ḳhyál darbáb dawá-i-colchicum ke bhí rahe.

Jis súrat men dam bashiddat chaṛhta ho to carbonate of ammonia páñch grain se das grain tak jis qadar asar kare sáth camphor mixture ke bäd har ghanṭe ke den. Jis hál men khánsí kí shiddat howe to dená extract of conium bamiqdár páñch grain ke din men tím chár dafa bahut fáidah baḥṣhtá hai, is dawá ko ziyáda kar sakte hain jab tak ki sargardání aur larza aur málisch-i-dil yá bojh aur tangí peshání men paidá kare. Agar is dawá ke sáth ipecacuanha shámil karen to bahut fáidah hotá hai.

Antariyon kí hálat par tawajjah cháhiye, aur agar aisí adwiyah ke jo gúnah dastáwar hain zarúrat ho to goliyon mufassil-i-zail ká istamál karen.

Powder of aloes,
Extract of colocynth, yáne roobe hinzul, } harek ním drachm.
Gum assafœtida, chálís grain.
Powdered ipecacuanha, bíś grain.

Tamám in adwiyah ko Ḳhúb ma᷍hlút karke chaubís goliyán baná len, jin men se do yá tím bawaqt hájat ke kháwen. Agar is marz ke sáth jigar men Ḳhalal howe to istamál tartíb dihandah muatád alterative doses of blue pill yá compound calomel pill, yáne mu-rakkab goliyon calomel ká karná cháhiye, agar bímári taraf pardah medeh aur antariyon ke phail gaí howe to bazariaḥ lagáne joṇkon aur blister ke epigastrium, yáne sadar men aur bazariaḥ castor oil, yáne arandí ká tel aur garam pání se naháne aur niháyat sakht parhez ke uská rafā karná pur zarúr hai, aur wuh maharrik adwiyah jo waram aruq Ḳhishnah ke wáste ibtidá men tajwíz kí thín unko ek qalam mauquf karná cháhiye aur jab ki amráz-i-medeh rafā ho jáwen to pahlí adwiyah ká phir istamál karen. Ghizá baharhál naram aur sádí howe aksar patlí aur shír ámez. Istamál iqṣám sharáb ká, misl wine, beer yá spirits ke niháyat mamnú hai.

Jism ko sard aur namkín pání se yá sirke aur pání se har roz bazariaḥ sponge ko tar karen aur bäd azán malkar bilkul khushk karen, aur páṛchah flannel jism se lagá huá pahnen,

damp air to be carefully avoided. Change of air has often cured the disease, when all other remedies have failed.

Questions.

What are the symptoms of acute bronchitis ?

Name some of the causes that may give rise to the disease ?

How would you distinguish acute bronchitis from pneumonia and pleuritis ?

On what should your prognosis of the disease depend ?

What treatment would you adopt in acute bronchitis ?

What are the symptoms of the chronic form of the disease ?

What treatment should you adopt in chronic bronchitis ?

CHLOROSIS; OBSTRUCTED MENSTRUATION.

There are two varieties of this disease, viz. the Acute or Accidental, and the Chronic.

Symptoms of the acute form.—This generally depends upon the application of cold, which produces fever, and thus arrests the discharge. There is pain in the head, back and loins, and all the limbs.

Treatment.—Bleed, and give a purge of rhubarb, afterwards give saline draughts every five or six hours, with sufficient antimony in them to keep up nausea; five or six drops of laudanum may be added to each draught. Should there be severe pain in the womb, with sickness or hysteria, you should administer an injection, consisting of one drachm of laudanum, half a drachm of camphor, two drachms of tincture of assafœtida, and two ounces of thin rice-water. The patient should sit in warm water, and have her abdomen well fomented, then well dried, and put into a warm bed, and the discharge will then probably soon return. If it however does not return before the usual time of its cessation, it then becomes a chronic obstruction.

Of the chronic form of obstruction, there are two varieties, one arising from plethora, and the other from debility.

Symptoms of the chronic form, arising from plethora. The whole system looks as if loaded with blood; the pulse is hard, full, strong,

sámhne rahne se hawá-i-martúb ke niháyat parhez cháhiye. Ta-baddul hawá se yih marz aksar játá rahá hai jab ki dawáen kuchh muassir nahíñ huin.

Sawálát.

Alámaten acute bronchitis kí kyá haiñ ?

Byán karó nám chand sababon ká jinse yih bímári paidá hotí hai?

Acute bronchitis se pneumonia aur pleuritis ko tum kyunkar alih-dá tamíz kar sakte ho ?

Prognosis bímári ko tum kyunkar muqarrar kar sakte ho ?

Acute bronchitis ká tum kyunkar iláj kar sakte ho ?

Chronic bímári kí alámaten kyá haiñ ?

Chronic bímári ká iláj tum kyunkar kar sakte ho ?

CHLOROSIS; YANE INSDÁD HAIZ.

Is marz ki do qismen hotí haiñ, ek to acute yane shadíd, aur dusrá kohnah.

Alámaten.—Shadíd insdád haiz ke. Aksar babais ittasal barúdat ke bukhár ájátá hai jiske sabab se haiz nahíñ hotá. Is marz men sir aur kamar aur chedon aur tamám azá men dard rahtá hai.

Maqljah.—Khún lewen aur mushil rhubarb yane rewand chíái ká piláwen, aur iske bad saline draught yane namkín ashrábah páñch-wen yá chhaṭe ghante dete rahan aur usmen káfí miqdár antimony ki miláwen táki dil málisch karta rabe, aur páñch yá chhah qatrah laudanum ke bhí is dawá men har martabah shámil kiyé já sakte haiñ. Agar raham men bashiddat dard howe aur uske sath jí matláta ho, aur marz histeria bhí howe to ek drachm laudanum aur ádhá drachm camphor yane kafúr aur do dráchm tincture of assafötida yane híng aur do ounce raqíq cháwal ke paní kí pichkári dewen. Maríza ko cháhiye ki garam pání men baiṭhe aur apne peṛhoo ko khúb sikne de, aur badh khúb khushk karne ke usko kapre se garam rakhe, isse ghálib hai ki insdád haiz jald játa rahegá aur agar isse fáidah na ho to marz qism kohneh se hojátá hai.

Insdád haiz kohneh ke bhí do qism haiñ ek to yih ki ziyádtí khún se howe aur dusrí kamzorí sí.

Ásár insdád kohneh ke jo ziyádtí khún se wáqáh howe. Tamám jism aisá malúm detá hai ki khún se bhará huá hai, aur nabz mep

and frequent, the skin dry and hot; great thirst with pain in the head, back and loins. The patient instead of being active in her movements, feels inclined to sit over the fire, and is sometimes very giddy.

Treatment.—Bleed from the arm and give purgatives. The patient should take much exercise and little sleep, and on the intermediate day to those on which you give the purgative, you should give saline draughts. By these means the menstrual discharge generally soon returns.

Symptoms of the chronic form, arising from debility.—This variety of the disease is commonly called chlorosis or green sickness. The skin is, sallow, complexion pale, the urine pale and limpid, and eventually there is a tinge of green in the countenance. The breathing soon becomes hurried, with a slight irritable cough and pain in the side, but unlike the pain arising from pulmonary disease, as it is neither constant nor increased by a deep inspiration. At night you will see a mark round the ankle, where the edge of the shoe came: there is also fulness and puffiness of the face and eyelids in the morning, so that after sleep, the whole countenance looks too big; but in course of the day, this size and appearance goes entirely off. The stomach soon becomes deranged now; there is loss of appetite, the patient has an inclination for improper food, such as cinders, candles, pipe clay, &c., there is great flatulency, at times the bowels are costive, at other times lax, the pulse is frequent, small and hard, occasionally there is hysteria.

Treatment.—First clear out the bowels with a dose of rhubarb, and then commence a course of bitter medicines, such as a weak infusion of columba root, or the following pills. Take of powdered myrrh and powdered rhubarb, each half a drachm, extract of aloes ten grains, extract of chamomile or gentian one drachm; mix up these ingredients thoroughly with a little syrup and divide the mass into five-grain pills, of these give a sufficient number to procure two or three stools a-day, until the bowels become more healthy and regular.

salábat aur imtalá aur qúwat aur súrat malúm detí hai aur jild jism ki khushk aur garam hotí hai. Piyás ká ghalba aur uske sáth sir aur kamar aur cheddóñ men dard hotá hai aur marízá bajé chalne phirne ke ziyádatar ág ke pas baiñá rahná cháhtí hai, aur baz waqt daurán sir men mubtila hotí hai.

Maqljah.—Fasd háth kí lewen aur julláb dewen aur maríza ko cháhiye ki riázut bahut kare aur kam sowe, aur usko har jullab ke dúsre din ushrúbeh namkín piláwen, in tadbíron se haiz aksar jári ho játá hai.

Alámateñ.—Insdád haiz kohnah ke jo kamzorí se wáqah howe.— Is qism kí marz ko chlorosis yá green sickness bhí kahte hain. Jild jism ki tireh aur chehráh zard hotá hai. Pesháb men zardí aur shaffáfí páí játí hai aur ákhir ko rang chehre ká sabzí mártá hai jald bád iske dam súrat se áne jáne lagtá hai aur khánsí gunah kharash ke sath hotí hai, aur pahlú men dard hotá hai, magar waisá dard nahíñ hotá jaisá ki marz phephlé men hotá hai kyop-ki na to yih dard dawámí hotá hai na khenchkar sáns lene se ziyáda hotá hai. Rát ke waqt ek nishán qarib takhne ke numá-yán hotá hai. Subeh ke waqt chehre par púrí aur tahabboj málum detá hai, papoton par áñkhon ke bhambhráhaṭ hote hain, is tarah par ki chehra buñhá málum detá hai magar din men yih báten aksar bulkul játí rahtí hain. Is mauqah par medeh betartíb ho játá hai, ishtahá játí rahtí hai, aur marízá ká dil taraf kháno námunasib ke chaltá hai, maslan cinders, candles yane charbí kí battí aur pipe-clay, wagherah, aur bahut nufkh hotá hai, báze waqt-antariyon men qabz hotá hai, aur báze waqt kushádgí. Nabz sarí aur patlí aur sakht hotí hai aur kabhí kabhí hálat hysteria wáqah hotí hai.

Maqljah.—Awal julláb rhubarb yane rewand chíní se safái medeh kí karne cháhiye, aur bád uske istamál talkh adwiyah ká misl halke khesándah bekh columba yá golion zail ke karná cháhiye. Pisí húí myrrh, pisí húí rhubarb yane rewand chiní, harek ádhá ádhá drachm, extract of aloes das grain, extract of chamomile yá gentian ek drachm. Yih adwiyah khúb makhlút kí jáwen sáth thore se syrup ke aur páñch páñch grain kí golian banáí jáwen aur in men se is qadar dení cháhiyengí ki do yá tín dast roz ájáwep tá-waqtíki antariyon men ifáqha aur tartíb ho jáwe,

Now and then a gentle emetic will be useful; give therefore five grains of ipecacuanha powder every half hour until it operates. After a time, when the stomach is strong enough, you should commence giving steel; the following form answers very well:—

Take of sulphate of iron,
Subcarbonate of potass, } Of each half a drachm.
White sugar,
Powdered myrrh, one drachm.

Mix thoroughly and divide the mass into five-grain pills; of these, three or four may be given twice a day, washed down with a little infusion of chyretta or gentian. After a time, when you have improved the patient's general health, you should commence giving emmenagogues; of these the ammoniated tincture of guiacum is as good as any: a tea spoonful twice or thrice a-day may be given in any bitter infusion. Ten drops of the liquor ammoniae in one ounce of water may be employed as an injection in the vagina in married females, two or three times a day.

As the strength improves, sea bathing, if it can be procured, or the shower bath, may be cautiously tried, with change of air.

Questions.

How many varieties of obstructed menstruation are there, and what are they called?

What is generally the cause of the acute form of obstructed menstruation?

What treatment should you adopt?

How many kinds of the chronic form of obstructed menstruation are there, and what do they arise from?

What are the symptoms that arise in the chronic form arising from plethora?

What treatment in the form of chronic obstruction arising from debility?

Kabhí kabhi dená halkí qaiáwar dawá ká bhí mussíd hotá hai; isí wajah se panch grain ipecacuanha powder ádhe ghanṭe ke bād, dete rāhen tāwaqtíki uská asar záhir howe. Thore se arse ke bād, jab ki medeh men quwwat ájáwe, dená steel yane faulád ká cháhiye, nuskhá zail bahut fáidah bakhshtá hai.

Sulphate of iron,

Subcarbonate of potass,

White sugar,

Powdered myrrh, ek drachm,

Har ek ádhá dráchm.

Lekar aur in adwiye ko khúb milákar pánch pánch grain kí golián baná lewen, in men se tín yá chár ek din men do martabah thore se khisándah chiratta yá gentian ke sáth nigul sakte hain. Thore se arse ke bād, jab ki har liház men mizáj isláh par ájáwe, to dená adwiyah haizáwar ká shurú karen; aur in men se ammoniated tincture of guiacum kisí aur dawá se kam mussíd nahin hai, is dawá ko bamiqdár ek cháh ke chamche ke harroz do yá tín martabah kisí bitter infusion yane talķ khisándah men dewen. Das qatrah liquor ammonia ke ek ounce páni men milákar anaq-ul-raham men auraton mankúhe ke diq men do yá tin dasa pichkári dewen.

Jab ki marizá ke badan men táqat áne lage, to samandar men nehláne ká bhí imtahán karen, agar mumkin ho, aur fawárah se bhí ghusi karen magar soch samajh ke. Nisbat auraton bákráh ke unke wálden se tákíd nikah kar dene kí karen.

Sawálá?

Kai qism ká obstructed menstruation yane insdád haiz hotá hai, aur har qism ká kyá nám hai?

Paidá hone qism acute form insdád haiz kú kyá bájs hotá hai?

Kyá iláj karná chahiye ?

Kai qismen hotí hain chronic form yane kohneh insdád haiz kí, aur kyunkar yih marz paidá hotá hai?

Agar yih marz ziyádatí khún se paida ho to uskí kyá alámatein hotí hain ?

Kyá iláj karná cháhiye jab ki kohne insdád haiz basabab kamzorí ke láhaq ho ?

CHOLERA MORBUS.

Symptoms.—Suddenly the patient is seized with violent vomiting and purging of watery matter, having the appearance of thin rice water, spasmodic cramps of the extremities, extending to the abdomen and the muscles of the chest, the countenance collapsed, the pupils and the white of the eyes covered with a thick film, their blood-vessels are suffused and turgid; the eyes at length sink in their sockets, and immediately become fixed. The extremities now become cold, and the pulse not to be felt, no urine is secreted, and the patient rapidly sinks. Death frequently, in severe attacks, takes place within three hours from the time of seizure. This disease is decidedly not infectious. The signs of a favourable termination are, the patient falling into a sound sleep, the pulse returning at the wrist, urine being secreted and passing freely, vomiting and purging ceasing, the spasms being removed, and the skin becoming moist.

Treatment.—So many modes of treatment have been adopted, with more or less success attending them, that it is quite impossible to decide upon the merits of any one in particular. The following mode has been followed in many hundreds of cases, and has proved efficacious in numerous instances.

Give the patient immediately 20 grains of calomel *in powder*, placed dry on the tongue if an adult, and if a child, a dose in proportion; wash it down with 60 drops of laudanum, and 20 drops of essence of peppermint, in one ounce of water. Give a clyster composed of two ounces of rice water and one drachm of laudanum, which should be retained in the rectum as long as possible. In three or four hours, the calomel and opium should be repeated, if the spasms and vomiting have not ceased. If the patient is urgent in his demands for drink, give a small wine-glass full of warm, *not hot*, congee water, from time to time; cold water should not be given. In the treatment of stout and robust Europeans, bleeding should be resorted to when first attacked. Mustard poultices in all cases should be applied to the abdomen and calves of the legs, and hot water to the soles of the feet, to allay the spasms.

CHOLERA MORBUS; YĀNE HAIZAH WABÁÍ.

Alámateñ.—Yakáyak maríz ko qai aur dast bashiddat shurú ho játe hain, aur shakl unkí raqíq cháwal ke pání kí mánind hotí hai, háth páñw men tashannuj hokar taraf perú aur puñthon chhátí ke phailtá hai, chehra naqíh ho játá hai, aur áñkhoñ kí putlion aur sufedí ke úpar ek motí jhillí ho játí hai, aur ragen áñkhoñ kí phail aur phúl játí hain, ákhir ko áñkhen baith játí hain, aur fauran pathrá játí hain, háth páñw us waqt thande ho játe hain, aur nabz nahín málum detí, pesháb paidá nahín hotá, aur hál hardam abtar hotá játá hai, aur agar haizah sakht hotá hai to aksar maríz tín ghanṭe ke ərsah men tamám ho játá hai. Yih marz beshak mutaddí nahín hai. Alámateñ jin se málum hotá hai ki anjám is marz ká bañhair howegs, wuh yih hain, ki maríz bekhabar so játá hai, aur nabz kaláí ke pás chalne lagtí hai, aur pesháb paidá hokar khul ke átā hai, aur qai aur dast mauqúf ho játe hain, aur aur alámateñ játí raftí hain, aur jism par namí ájáti hai.

Maqljah.—Kitne hí tauroñ par iláj is marz ke hue hain, aur wuh is qadar kam o besh kárgar aur ghair muassar huc hain, ki un men se kisi khás iláj ko tarjih dená dushwár hai, taríq zail par saikron marízon ká iláj kiyá gayá hai, aur un men se mutaddad ádmí achchhe ho gae hain.

Fauran bäd haizah ke bí grain calomel bárík o khushk maríz kí zubán par rakheñ agar jawán howe, aur agar bachcha howe to uskí umr ke muwáfiq, aur usko bazariañ sáth qatrah laudanum aur das qatrah peppermint, yane araq podínah ke sáth ek ounce pání ke sáth halaq men utár deñ. Do ounce cháwal ká pání aur ek drachm laudanum ká huqnah karen, aur tábamaqdúr is dawá ko miqad se nikalne na dewen, tín yá chár ghanṭe ke bäd calomel aur afyún phir dewen, bashartíki tashannuj aur qai mauqúf na huí hoñ, agar maríz kháhish pání kí betábí se kartá ho to bamiqdár ek chhoṭe wine glass ke ním garm píchl piláte raben, sard pání dená nahín cháhiye. Bích iláj aise ahal-i-Firang ke jo ki qawí, aur shahzor howen khún bhí barwaqt haizah hone ke lená cháhiye poultice ráí ká har súrat men shikam aur sáqún par lagáwen, aur garm pání páñw ke talwon par wáste kam karne tashannuj ke dálen.

Should the disease terminate favourably, the after-treatment is to regulate the bowels with an occasional dose of calomel and jalap, and to give a full dose of laudanum to procure sleep, if the patient is restless.

N. B.—Always give the calomel in form of powder and not in pills, and the opium in form of tincture, not in powder, as it is a saving of many valuable hours in their action, which is of serious importance in this disease.

Questions.

What are the usual symptoms of cholera morbus ?

What are the signs of a favourable termination ?

What treatment should you adopt at first ?

What should be your after-treatment in favourable cases ?

Why should calomel always in this disease be given in form of powder, and opium in form of tincture ?

COLICA; COLIC.

Symptoms.—In simple colic, there is constipation, violent pain chiefly about the navel, which is relieved by pressure, free from any inflammatory tenderness; the pain is intermittent; there is nausea, tenesmus, pain in the loins, great flatulence, but no fever. This disease may arise from the application of cold to the body when heated, from eating unripe fruit or any indigestible food, disagreeing with the stomach, obstruction of any kind, such as hardened faeces or a hernia. Lead absorbed into the system in very small quantities will produce it, as daily seen in the case of painters and plumbers. You will then find that the patient's wrist sometimes drops, the muscles of the forearm and hand are paralyzed, so that he cannot use it, and the muscles at last waste away.

Treatment.—Bleed from the arm freely, if the pulse will admit of it, and follow it up with a warm bath; at the same time give twenty grains of calomel if for an adult, following it up with castor

Agar anjám is marz ká baķhair howe to bādhu ıláj yih hai ki antarıyon ko kabhí kabhí dene calomel aur jalap se tartib dewen, aur agar maríz bechain rahtá ho to ek dose, yane māutád laudanum kí wáste láne nínd ke piláwen.

Lázim hai ki is marz men calomel bárík dewen, aur golion men na dewen, aur opium ko hameshah ghulá huá kyunki us men asar jald hotá hai, aur dúsri súrat men ghanṭon men, aur yih amar is marz men áham hai.

Sawálát.

Kyá alámateñ haizah wabší kí hotí hain ?

Kyá alámateñ hotí hain jinse malúm detá hai ki anjám is marz ká baķhair hogá ?

Ibtidá men kyá ıláj karná cháhiye ?

Jab ki anjám is marz ká baķhair howe, to bādhú kyá ıláj kiyá jáwe ?

Is marz men kis wajah se calomel bárík aur afyún ghulí huí dení cháhiye ?

COLICA ; YANE QULINJ.

Alámateñ.—Jis hálat men qulinj sádah howe, to qabziyat rahtí hai, aur dard shadí ziyádahtar qaríb náf ke hotá hai, aur kuchh warm nahíñ hotá, aur dabáne se áram átá hai, yih dard ṭhahar ṭhahar ke hotá hai, málísh dil aur maṛqáh hotá hai, aur dard kamar men aur niháyat qabz rahtá hai, magar bukhár nahíñ hotá. Ittisál barúdat se jism par yih árzah ho játá hai, us súrat men ki basabab kháne kachche phalon yá tuām ghair hazam ke jo medeh ke muwáfiq na hoñ badan men garmiá gaí howe, basabab rukáo kisi qism ke, masal sakht ho jáne paikhnáh ke, yá fitaq kisi antrí ke bhí yih marz paidá hotá hai, basabab gunah jazb hone sharb ke jism men yih marz ho jáwegá, jaisá ki har rozah baliház musawwaron aur rangsázon ke dekhne men átá hai, is súrat men musháhidah kiýá játá hai ki baz waqt kaláí maríz kí shal ho játí hai, aur puṭṭhe, pahunche aur háthon ke maflúj ho játe hain, is tarah par ki bekár aur ákhir ko khusk ho játe hain.

Maḍlajah.—Fasd háth kí khátir khwá karen, agar quwwat nabz ijázat dewe, aur bād uske garm páni men biṭháwen. Agar maríz jawán howe, to bíś grain calomel usí waqt dewen, aur bād izán tím

oil in three hours, repeating the dose of oil every two or three hours until the bowels are well moved; foment the bowels with hot water, and administer an enema of forty drops of laudanum in eight ounces of congee water. Dashing cold water on the abdomen has often been successful in obstinate cases.

Should lead have induced the disease, the patient should be taken away from his business for a time, and not wear his working clothes. After the colic is over, you may employ electricity daily to the forearm and hand; he should use his hands daily, rubbing them himself if possible with some stimulating liniment, afterwards supporting the limb on a splint. Continual blisters to the wrist have afforded great relief. Internally, the use of strychnine, stramonium, or nux-vomica may do good.

Questions.

What are the symptoms of simple colic ?

Name some of the causes that induce this disease ?

What is the treatment of simple colic ?

Should lead have produced the disease, what symptoms are present ?

What treatment should you adopt, if the disease was caused by the absorption of lead ?

CONVULSIO; OR CONVULSIONS.

They usually proceed in childhood from teething or deranged bowels, caused by eating indigestible food, or from worms in the intestines.

Treatment.—Put the child into a hot bath as soon as possible, and give it at once two or three grains of calomel, following it up in an hour by a dose of turpentine and castor oil. When the child is taken out of the bath, put a mustard plaster on, all down the spine and upon the soles of the feet, keeping it on for ten minutes or a quarter of an hour. If the convulsions return, place a few leeches on the child's temples, regulating the number to the age of the child. If teething should be the cause of the convulsions, the gums should be freely lanced. If the convulsions continue, the calomel must be repeated every two hours, and the oil and turpentine every four hours, so as to keep up a free action on

ghanṭe ke ḡarsah meṇ castor oil piláwen, aur do tīn ghanṭe ke bād yih tel pilāte rahan, tāwaqtíki aṇtariyán khub sáf ho jáwen, aṇtariyon ko garm pání se seṇken, aur chális qatrah laudanum ke áth ounce pich meṇ milákar huqnah karen, basabab zor se dálne pání ke shikam par jabki marz aur tarah se nahíñ áram ho gayá hai.

Agar basabab shurb ke yih marz áriz huá howe to maríz apne peshah ko chand ḡarsah tak chor dewe, aur apne kám karneke kapron ko na pahne, bād rasā hone qulinj ke sadmahi electricity pahunche, aur hāth par har roz dete rahan, aur maríz ko cháhiye ki khud agar mumkin howe har roz koí tez marham apne hāth se maltá rahe, aur hāth ko splint meṇ rakhe, basabab lagáte rahne blister ke kaláí meṇ bahut fáidah huá hai, kháne kí adwiyah meṇ strych-nine, yane kuchlah ká sat, aur stramonium, yane dhatúrah yá nux-vomica mufid ho saktá hai.

Sawálát.

Kyá alámateṇ qulinj sádah kí hotí haiṇ ?

Kyá bází alámateṇ is marz kí haiṇ ?

Kyá iláj qulinj sádah ká hai ?

Agar shurb ke báis se yih marz láhaq howe, to kyá wáqah hotá hai ?

Kyá iláj karná cháhiye jab ki babáis jazb hone shurb ke badan meṇ yih marz paidá huá ho ?

CONVULSIO; YANE TASHANNUJ.

Alámateṇ.—Yih marz amúman bachpan meṇ babáis nikalne dán-ton ke, yá kháne saqilghair hazam ghizá ke jisse aṇtariyán betartib ho játí haiṇ, yá basabab hone kíroṇ ke amá meṇ paidá hotá hai.

Maáljah.—Bachcha ko baqadar maqdúr jald garm pání meṇ biṭháwen, aur do yá tīn grain calomel ek laḥt dewen, aur iski ek ghanṭe ke bād turpentine aur castor oil piláwen, barwaqt nikálne bachche ke garm pání se ráí ká pháhá kamar kí haḍdí par lagáwen, aur páñw ke talwon par das minute yá páu ghanṭe tak rahne den, agar tashannuj aud kar áwe, to chand joṇken muwáfiq umr bachcha ke kanpaṭion par lagáwen. Agar basabab nikalne dán-ton ke yih marz huá howe, to masúre bakhúbí chír den. Dar-súrat-i-ki tashannuj jári rahe, to calomel do ghanṭe ke bād dete rahan, aur castor oil aur turpentine chár chár ghanṭe ke bād is tarah par, ki aṇtariyán bakhúbí mutharrík rahan, blister derh inch ká chaurá

the bowels. Blisters should be applied to the spine one and half inch broad, and six or eight inches long. A very marked indication of the tendency to convulsions is the turning in of the thumbs towards the palms of the hands.

A free action on the bowels should be kept up for some days after an attack of this sort; for this purpose, one or two grains of calomel should be given at bed-time, and a dose of senna, castor oil, or scammony in the morning, this should be repeated twice or thrice every second or third day.

Questions.

What are the chief causes of convulsions in childhood ?

What treatment above to you adopt at first ?

Should the convulsions return, what ought you to do ?

If teething should be the cause of the disease, what should you do ?

CYSTITIS ; INFLAMMATION OF THE BLADDER.

Symptoms.—This disease is characterized by a burning and throbbing pain in the region of the bladder, tenderness on pressure, a constant desire to make water, very great pain at the neck of the bladder while the urine is passing, so that, perhaps, the patient can only void it on his knees. The urine is made in very small quantity very often, and is frequently high coloured and bloody. Perhaps there is also tenesmus.

This affection is induced by boils, turpentine, cantharides and other things which irritate the urinary organs.

Treatment.—The antiphlogistic treatment must be followed vigorously without any delay, viz., general bleeding, leeches or cupping over the loins, a full dose of calomel and antimony, followed up by a brisk purge in a few hours. Mild diluents, such as linseed tea, rice water, or barley water, will be sufficient nourishment for the first two or three days, when if all inflammatory symptoms have ceased, more generous diet may be gradually allowed.

aur chhah yá áth inch ká lambá kamár kí haddí par lagá den. Jab ki yih marz honewálá hotá hai, to barí shanákh t yih hai ki angúthe háthon ke hathelion kí taraf phir játe hain.

Is hálat men antariyon ko bakhúbí mutharrik rakhen, aur is wajah se ek yá do grain calomel sote waqt dewen, aur ek mautád senna yá castor oil kí yá scammony subah ko dewen, yih adwyah do tñ dafá dúsre tísre din dete rahan.

Sawálát.

Kon se bare báis láhaq hone tashannuj ke hote hain ?
 Ibtidá men kyá iláj karná cháhiye ?
 Agar tashannuj áud kar áwe to kyá karen ?
 Darsúrat-i-ki basabab nikalne dánton ke yih marz huá howe to kyá karná cháhiye ?

CYSTITIS; YANE SOZISH MASÁNAH.

Alámaten.—Is marz men dard sozish aur lapak ke sáth ás pás masánah ke hotá hai, aur dabáne se ízá hotí hai, aur har dam hajat pesháb kí malum detí hai, barwaqt áne pesháb ke gardan masánah men niháyat dard hotá hai, is tarah par ki maríz ko gháliban gluṭ-nóp ke bal hokar pesháb átā hai: Pesháb bahut thorá thorá aur aksar átā hai, aur bárhá bahut surkh aur khún álúdah hotá hai, anr pechish bhí hotí hai.

Yih árzah basabab sufrá yá istamál turpentine yá cantharides, yá basabab aisí aisí aur chízon ke jo ki un azá men jinke báis pesháb átā hai sozish paidá kartí hain láhaq ho játá hai.

Mađjah.—Aisí tadbíren bilátámul aur tawaqquf kí jáwen, jo harárat gharízí ko kam kartí hain, yane tanqiyah khún ká bazariah fasd aur lagáne jonkon yá síngion ke kamar par ámal men láwen aur ek púrí mautád calomel aur antimony ki dewen, aur uske chand ghanṭe ke bád koí tez mushil piláwen, halkí martúb chízen misl alsí kí cháh yá cháwal ká pání yá áb-i-jau do tñ din ek káfi ghizá tasawwar kí jáwe, lekin jis súrat men támám alámaten warm kí mauqúf ho jáwen, to raftah raftah muqawwí ghizá kí ijázat de sakte hain.

Questions.

What are the symptoms of cystitis ?

How is this disease generally caused ?

What treatment should you adopt ?

DELIRIUM TREMENS ; THE HORRORS.

Symptoms.—There is delirium, generally restrainable, delusions of vision, tremor of hands or the whole body, a quick pulse, but not full or hard. *This disease being strictly one of irritation not inflammation,* there is constant watchfulness and want of sleep. This disease generally occurs in adults addicted to drinking spirits, but not always, for it has occurred after acute rheumatism, injuries of the head, apoplexy, paralysis, and a long exposure to the use of lead.

Treatment.—Administer opium in large doses, three or four grains to an adult, which may be continued twice a day for a few days, and relinquished by degrees, as the disease decreases. Nourishing food is required, and occasionally small quantities of spirits may be given with considerable effect. If there appears congestion of blood in the head, apply cupping glasses to the nape of the neck, or leeches to the temples, with cold applications over the head, but carefully avoid general bleeding. Moderate purging is also necessary. A combination of camphor, ammonia, and tartar emetic has been highly approved of, given in form of a mixture. Should there be violent vomiting, so that nothing can be kept in the stomach, one, two or three drops of pure creosote on a lump of sugar, has afforded immediate relief, when several other remedies have failed. The patient, when labouring under this disease, should be considered a dangerous maniac, and therefore never left by himself for a single minute, until quite cured.

Questions.

What are the symptoms of delirium tremens ?

What is the nature of this disease ?

What is the chief cause that gives rise to this disease ?

What other causes may give rise to it ?

Sawálát.

Sozish masánah ke kyá ásár hote hain?
 Kis báis se yih árzah aksar láhaq hotá hai?
 Kyá ıláj karná cháhiye?

DELIRIUM TREMENS; YĀNE HIZYĀN.

Alámaten.—Is marz men hizyán hotá hai, jisko rok bhí sakte hain, aur nazar ke sámhue kuchh kuchh dikhlái detá hei, aur háthon aur tamám jism men reshah hotá hai, nabz men tezí magar imtatlá aur salábat nahín pái játí. Yih marz warm se nahín paidá hotá, balki irritation se, is marz men har waqt choukunnápan aur bedári rahtí hai, yih bímári aksar jawánoñ ko áud hotí hai, jo ki sharáboñ ká istamál bakasrat karte hain, lekin hameshah nahín hotí, is liye ki wuh wákə huí hai bád wajah mufassil shadíd aur taklífát sir, aur marz saktah, aur fálij aur istamál tawíl kár shurb ke.

Maáljah.—Opium barí mautádon men yane tín yá chár grain ek jawán ádmí ko dewen, aur yih kaí din tak har roz do dafah dí jáwe, aur jún jún bímári kam hotí jáwe mautád opium ko bhí ghatáte jáwen. Ghízá muqawwí dení cháhiye, aur kabhí kabhí thorí sharáboñ ke de ne se bahut fáidah hogá. Agar yih malum ho ki sir men khún jamá ho gayá hai guddí men síngiyán yá kanpatiyoñ par jonken lagáí jáwen, aur sir par sard chízen lagáwen, magar bahut hoshyári se tanqiyah ám khún se ahtiráz karná cháhiye. Filjumlah istamál mushil bhí zarúr hai, dená camphor, aur ammonia aur tartar emetic ká milákar is ke liye niháyat pasand kiyá gayá hai. Agar maríz ko is qadar qai átí ho ki kuchh chíz medeh men na ʈhahartí ho, to ek yá do yá tín qatrah khális creosote ke agar misrí kí dalí par dálkar khiláe gae hain, to fauran fáidah huá hai, jab ki aksar aur ılájoñ se kuchh asar nahín huá. Jab ki maríz is árzah men mubtilá howe, cháhiye ki wuh ek muhíb díwánah tasawwar kiyá jáwe, aur is liye jab tak wuh bilkul achchhá na ho jáwe, ek lahzah bhar bhí use tanhá na chhoren.

Sawálát.

Kyá hain alámaten árzah hizyán kí?
 Kyá hai asal is bímári kí?
 Kyá hai bará báis jo ki is árzah ko paidá kartá hai?
 Kyá aur báis mújib paidá karne árzah mazkúr ke hote hain?

What treatment should you adopt ?
 Should you bleed from the arm in this disease ?
 Should there be violent vomiting, what medicine has been strongly recommended to be given ?

DIARRHCEA.

By diarrhoea is meant frequent liquid and rather copious and fœculent stools, with some pain at the time of evacuation.

Treatment.—This must depend on the existing cause; if it be occasioned by the application of cold to the surface of the body, give the warm bath with sudorifics, such as Dover's powder. If bad or indigestible food have brought it on, gentle laxatives must be given to bring away the offending matter. If the presence of nausea, bilious vomiting and bilious stools, point out a morbid state of the biliary secretion, calomel and opium, followed up by saline purgatives, very much diluted with water, are indicated. If constipation has been the cause, gentle laxatives, aided by mild injections, together with the warm bath, are useful. Should fever and local pain be present, with hardness of pulse, bleeding either general or local may be resorted to with advantage; when the patient's strength will not admit of the abstraction of blood, counter-irritation and opiates must be employed, together with strict attention to diet.

When there is no fever, nor symptoms of inflammation present, astringents should be given, such as chalk mixture with laudanum; if this will not do, then give catechu, kino, or sulphate of copper. There is also another form of diarrhoea, in which the stools are white, like thin mortar, frothy, very copious, of a sour smell, no pain, and the disease of a chronic nature, which may last for years. It generally occurs in men, not in women, and more particularly those who have resided a long time in warm climates, and suffered from liver complaints.

Treatment.—This may successfully be subdued without giving mercury, by steadily persevering in the use of the sulphate of

Kyá ıláj iktiyár karná cháhiye ?
 Is bímári men bázú kí fasd karen yá nahíñ ?
 Agar maríz ko qai bashiddat ho, to kyá dawá dení uske liye
 munásib tajwíz kí gaí hai ?

DIARRHŒA; YANE ISHÁL.

Is marz men yih hotá hai ki patle aur ziyádahtar kasrat se pá-
 khána ke mile hue bár bár dast áte haiñ, aur barwaqt ijábat ke
 thorá dard bhí hotá hai.

Maqljah.—Iláj munhassir hei úpar bájs marz ke, agar yih árzah
 basabab itsál barúdat ke satah jism par láhaq huá ho, to maríz ko
 garm pání men biṭháwen, aur adwiyah aruqáwar misl Dover's powder
 ke dewen, háth páñw aur satah jism ko garm rakhen. Agar ba-
 sabab burí aur saqíl ghizá ke yih marz paidá huá howe, to halkí
 adwiyah mulayyan dewen táki medeh fásid ko nikál de. Agar
 málisch dil aur qai aur daston sufráwí se záhir howe, ki sufrá náqis
 paidá hotá hai, to dená calomel aur opium ká, aur bádhú piláná
 namkín julláboñ ká pání se ķlúb raqíq karke munásib hai. Agar
 qabziyat bájs is marz ká howe, to dená halkí mulayyan adwiyah
 ká aur karná halkí dawáoñ ke huqnah ká, aur biṭháná garam pání
 men muſíd hai. Agar bukhár aur medeh meñ dard maujúd ho,
 aur nabz men súlabat páí jáwe, to tanqiyah khún khwá ám khwá
 khás karná cháhiye, kyunki faidahmand hogá. Jis súrat men
 táqat-i-maríz ijázat khún lene kína dewe, to counter-irritation aur
 adwiyah khwábáwar istamál men áwen, aur uske sáth libáz ghizá ká
 badarjah niháyat zarúr hai.

Darsúrat-í-ki bukhár aur alámateñ warm kí maujúd na howen, to
 adwiyah qábiz misl chalk mixture aur laudanum ke dewen, aur
 agar isse bhí kuchh fáidah na howe to catechu, kino, yá sulphate
 of copper dewen. Ek aur qism ká bhí ishál hotá hai, jis men
 sufeid patle chúne ke muwáfiq kafdár ifrát se dast áte haiñ, bú
 khattí hotí hai, aur dard nahíñ hotá, aur yih marz derpá hotá hai,
 chunáchi barson járí rahtá hai. Yih árzah aksar mardon ko láhaq
 hotá hai, aur auraton ko nahíñ, aur khúsusan unko jo ársa daráz
 tak garm mulkon men iqámat rakhte hain, aur khálal jigar men
 mubtílā rahte hain.

Maqljah.—Yih marz rafa ho saktá hai baghair khiláne páre ke,
 agar mutwátir sabr se sulphate of copper aur opium ká istamál

copper and opium, and paying most particular attention to his diet, avoiding all fruits, vegetables, fermented and spirituous liquors, and swathing the abdomen in flannel.

Questions.

What is meant by a diarrhoea ?

Describe some of the common causes of diarrhoea and their treatment ?

Describe that peculiar form of diarrhoea, seen in those who have suffered from disease of the liver, and lived a long time in warm climates ?

What treatment should you adopt in such cases ?

DYSENTERIA ; DYSENTERY.

This disease may either be acute or chronic.

Symptoms of the acute form.—The disease commences in general with much of the appearance of a common diarrhoea, frequent and unseasonable calls to stool, with an irresistible inclination to strain over it. The evacuations are generally copious, of a fluid consistence, without any peculiar smell, sometimes streaked with blood, and at other times a small quantity of blood is voided in a separate form, unmixed with faeces. The pulse in this state of the disease, is seldom altered, the heat of the skin is not perceptibly increased, and the tongue is frequently but little changed in its appearance. There is always a great prostration of strength and depression of the spirits, the appetite is indifferent, and the thirst urgent. To these symptoms succeed a fixed pain in the hypogastrium, more or less acute, and sometimes to be traced along the whole course of the colon, with a sense of fulness, tension, and tenderness on pressure, and on applying the hand to surface of the abdomen, a preternatural degree of heat is frequently perceptible in the integuments. The evacuations now become more frequent and less copious, they consist chiefly of blood and mucus, or are composed of a peculiar bloody serum, like water in which beef has been washed or macerated. A suppression of urine and distressing tenesmus now become very urgent; the indifference to solid food increases, and an uncontrollable desire for cold water is constantly expressed. The tongue is now generally white and furred, sometimes however exhibiting a florid,

karte rahan, aur ghizá par tuwajjah rakhen, aur phalon aur tarká-
rion se aur sharáb hái tez, aur garm se bilkul parhez karen, aur
párche flannel shikam par lapeṭen.

Sawálát.

Ijrái shikam se kyá murád hai ?

Baz bájs ijrái shikam ke mái unke ıläj ke bayán karo ?

Us khás qism ke ijrái shikam ko bayán karo jo un logon ko hotá
hai ki marz jigar men̄ mubtilú hon, aur ərsah daráz tak garm mul-
kon men̄ rahe hon ?

Aisí súraton men̄ kyá ıläj karná cháhiye ?

DYSENTERIA ; YANE ISHÁL KHUÑÍ.

Yih bímári do qism kí hotí hai, shadíd yá kohnah.

Alámaten marz shadíd kí yih hai.—Yih bímári əmúman záhir
men̄ basúrat ishál ám ke shurú hotí hai, aur is men̄ aksar aur be-
waqt hájat dast kí hotí hai, aur zabit nahín ho saktí. Baṛe baṛe
dast áte hain, aurraqí o kasíf hote hain, lekin un men̄ koí khás
bú nahín hotí, baze waqt yih dast khún álúdah hote hain, aur
baze waqt thorá sá khún álúdah ijábat hotá hai, baghair álúdgí
baráz ke. Bímári mazkúr ke is darjah men̄ nabz bahut kam mut-
baddil hotí hai, aur garmí post kí aisí ziyádah nahín ho játí ki
mahsús ho, aur zubán kí súrat men̄ bahut kam tabdilí hotí hai.
Táqat hameshah bahut ghaṭí játí hai, aur dil báīhtá játá hai.
Bhúkh men̄ beparwáí aur piyás shadíd ho játí hai. Bād in alá-
maton ke ek ṭhahrá huá dard zer medeh shurú ho játá hai, khwá
wuḥ ziyádah shadíd ho yá kam, aur baze waqt wuh sáre rodeh
colon men̄ páyá játá hai, aur dabáne se púrī aur tanáo aur taklíf
malúm hotí hai, aur satah shikam ke úpar háth lagánc se aksar
ek beqáedah darjah garmí ká pardon men̄ malúm hotá hai. Is hálat
men̄ dast aksar ziyádah ho játe hain, lekin bahut baṛe nahín hote,
ún men̄ ziyádahtar khún aur ḥaqw hotí hai, yá wuh ek khás áb-i-
surkh se mushtamil hote hain, misl us pánce ke jis men̄ gosht
dhoyá yá bhigoyá ho. Bād iske insdád baul taklíf dihandah dard
bashiddat tamám hotá hai, aur beparwáhi wáste ghizá sakht-o-saqíl
ke ziyádah ho játí hai, aur hameshah wáste ṭhande pání ke is qadar
kháwhish rahí hai ki zabit nahín ho saktí. Is hálat men̄ zubán
aksar suñed aur khárdár ho játí hai, lekin baze waqt surkh aur

smooth, glassy appearance, with a tremulous motion when thrust out; the skin is either parching hot, or covered with a profuse perspiration, the pulse is sometimes full and bounding, with a peculiar thrilling sensation under the fingers. This state of the pulse denotes extreme danger, and shows that the disease is hurrying on to the final stage, in which the patient experiences the greatest anxiety, depression, and fear of death. The discharges by stool, which are often involuntary, are now accompanied with a most intolerable fetor; they are frequently mixed with shreds of membrane, and quantities of pus; prolapsus of the anus takes place, and often several inches of the inner coat of the intestines are thrown off by mortification.

Causes of Dysentery.—It is generally most prevalent at the termination of the hot weather, and during the rains, when the alterations of the temperature are often so great and sudden. Unwholesome food; the abuse of spirituous liquors, and the drinking of bad wine, often bring on the disease. Malaria is supposed to produce it, and soldiers are often attacked in large numbers, after a night encampment or bivouac on damp ground.

Treatment of Acute Dysentery.

In the stenic form of the disease, bleeding; both local and general, must be immediately ordered; sixteen or twenty ounces of blood should be taken from the arm, followed up with twenty or thirty leeches, applied along the course of the colon or great gut, then warm poultices and fomentations; should there be tenesmus, a dozen leeches may also be applied to the sacrum or perineum. The repetition of leeches must of course depend upon the intensity and duration of the disease, and the degree of relief afforded by the first application. Should griping, purging, and particularly fixed abdominal pain continue, they may be repeated on the following day, or each succeeding day, to the third or fourth time, their number being regulated by the urgency of the symptoms, and strength of the patient. As a general rule, however, if the bleeding, both local and general, has been carried out vigorously at first, there is seldom any further occasion for a repetition. Should the bowels be costive, the tongue loaded, and the evacuations offensive, a dose of castor oil should be given in any mucilage, with a small

shafáf aur tábaudah súrat záhir kartí hai, aur us men báhar nikalne ke waqt ek harkat larzah kí sí malúm hotí hai, post yá to bahut garm rahtá hai yá bashiddat pasíná átá hai, nabz baze waqt, pur aur jahandah hotí hai, aur ek khás jumbish ungliyon ke níche malúm hotí hai. Yih hálat nabz kí hameshah khauf-i-halákat dikh-lálí hai, aur záhir kartí hai ki yih bímárí jald ákhir darjah ko pa-hunch jáwegí, aur bímár ko niháyat taraddud aur sustí aur khauf-i-marg paidá hotá hai. Dast jo ki aksar bekhabrí aur beikhtiyári men nikal játé hain, un men aisi badbú átí hai ki ádmí uská mut-hammil nahín ho saktá, aksar daston men jhillí andar kí gal kar nikal átí hai, aur rim bhí átí hai, aur káñch bhí nikal átí hai, aur aksar kaí inch andar kí jhillí rodóñ kí gal ke gir parti hai.

Sabab is hál ke: niháyat ghalbah is bímárí ká ákhir mausam-i-garmá men, aur barsát men hotá hai, jab ki inqaláb mausam aksar auqát badarjah gháyut aur daffatan hotá hai aur ghizáe námuñiq aur bakasrat istámál sharábon ká, aur píná burí aŋgúrí sharáb ká, aksar yih bímárí látañ hai. Hawái bad se bhí yih bímárí paidá hotí hai, aur sipáhiyon kí giroh kí giroh par yih bímárí aksar hamla hawúr hotí hañ, bad iske ek rát wuh log zamín tarpar fro-kush hon.

Mađjäh ishál shadíd ká.—Bímárí mazkúr kí us súrat men jab ki khún ziyádah ho tanqiyah fasd khás o ám donoñ fauran munásib hain, aur soláh yá bís ounce khún bázú meñ se lená cháhiye, aur bad azán bí yá tís jonken tamám colon yá rodah kalán par lagání cháhiyen aur bad is ke garm poultice aur señk ká istámál ho, aur agar dard bhí ho to bárah jonken rírh aur síwan par bhí lagání cháhiyen, aur muqarrar lagána jonkoñ ká shiddat aur kamí bímárí aur darje ifáqat par joki pahlí dasah ke lagáne ne baķshá hai mauqúf o munhassir hai. Agar pechish aur dast aur khasúsan thahrá huá dard shikam men jári rahe dúsre din yá ek din bad tísri, chauthí dasa phir jonken lagáwen, aur tādád unkí bamújib zarúrat əlámatoñ marz ki, aur tāqat maríz kí ho, lekin yih bát bataur qáidah ám hai, ki agar tanqiyah khún khás aur ám awwal martabah khátir khwa kí gaí hon to bahut kam zarúrat muqarrar khún lene kí hogí. Agar ánten munqabiz hon, aur zabán par ziyádah mail ho aur dast mutáffin hon to ek moutád castor oil ki kisí mucilage men, hamráh thorí sí laudanum ke díjáwe aur uske amal kí madad mulayyan karne-wáli adwiyah huqnah se ho saktí hai. Bad tanqiyah aur amal julla-

dose of laudanum in it; its action may be assisted by an emollient olyster. After depletion, and the action of the purgative, the following pills may be given every two or three hours, until the discharges assume a healthy appearance: calomel one grain, Dover's powder five grains, syrup or jam, sufficient to make the mass into two pills.

Ipecacuanha alone is a valuable remedy, and may be given in large doses without exciting vomiting. The following is a very good form of pill, acting as a diaphoretic. Powdered ipecacuanha two or three grains, extract of gentian five grains, to be made into two pills, and taken every four or five hours until the acute symptoms are relieved. Tenesmus may be relieved by a olyster of two ounces of rice water, in which three or four grains of opium has been dissolved. After these remedies have been adopted, blisters should then be applied to the abdomen. When there is great debility, the following bitter draught may be given with advantage, infusion of columba root one ounce, compound tincture of cardamoms one drachm, three times a day. Costiveness should be removed by oleaginous purges, and mucilaginous clysters. If the anus be inflamed or excoriated, it should be bathed with goulard water, and it may be protected from the acrimony of the discharges by being anointed with simple ointment or cold cream. The diet throughout the disease should consist of the mildest farinaceous food, consisting of arrowroot, milk, solution of gum arabic, rice or barley water: the patient should carefully avoid catching cold, and should have his abdomen swathed with two or three rolls of good flannel.

CHRONIC DYSENTERY; OR DYSENTERIA CHRONICA.

Symptoms.—The fever which attended the acute form, subsides, and a temporary recruiting of strength and appetite is experienced, but this freedom from distress proves deceptive. The patient feels sharp pains of the bowels, with frequent stools, consisting of food apparently little changed by the process of digestion, mixed with slight streaks of blood. These symptoms may subside, and continue to recur at intervals, either from imprudence in diet or clothing, or without any assignable cause, until extensive disorganization of the intestines takes place. The stools are then mucous and

boñ kí goliyán marqumat-uz-zail do do, tím tím ghanṭe bād dí jáwen̄ jab tak ki dast surat daston̄ sihat kí pakren̄. Calomel 1 grain, dover's powder 5 grain, shíra yá murabbá baqadar banáne do goliyon̄ kí.

Siraf ipecacuanha ká ek umdá iláj hai aur barí, barí māutáden̄ iskí de sakte hain̄ baghair iske ki qai ho iske liye habi marqumat-uz-zail bahut muñid hain̄ aur buhat pasíná láti hain̄: powder ipecacuanha do se tím grain tak, extract of gentian pánch grain, is kí do goliyán banáwen̄ aur har ek golí chár pánch ghanṭe ke bād kám men̄ láwen̄ jab tak ki alámaton̄ ishál shadíd men̄ ifáqá ho. Dard ko ek huqnah se do ounce cháwal ká pání jis men̄ tím yá chár grain opium ghulí huí ho ifáqat ho saktí hai. Bād in ilájon̄ ke shikam par blister lágae jáwen̄. Jab ki niháyat naqáhat ho adwiyah bitter marqumat-uz-zail ke dene se bahut fáidá hogah. Infusion of columba root ek ounce, compound tincture of cardamoms ek drachm, din bhar men̄ tím dasā diyá jawe. Inqebáz chiknē jullábon̄ se rafā ho saktá hai aur mucilaginoū huqnoñ se. Agar miqād par waram ho jáwe yá chhil jáwe to ab-i-goul̄rd se dhoí jáwe aur hiddad o tezí mawád is hál se usí bazariah marham sádeh yá cold cream kí mahsfúz rakh saktí hain̄. Is búnári ke ayám men̄ ghizá raqíq o muqawwí dení cháhiye, misl arrowroot, aur dúdh, aur solution of gum Arabic, aur cháwal, yá jou angrezí ká pání. Bímar ko lázim hai kí apne taín̄ sardí se bacháwe aur apne shikam par do tím tah flannel kí lapeñ̄ rakhe.

CHRONIC DYSENTERY; YANE ISHAL KHÚNÍ.

Alámateñ.—Wuh tap jo ki hálat-i-ishal shadíd men̄ rahtí thí kam hojátí hai, aur ek chand rozah táqat aur ishtáhá mālum detí hai magar yih ifáqá fareb dahindah hotá hai: maríz ko niháyat dard shadíd rodon̄ men̄ mālum hotá hai, aur aksar dast aise áte hain̄ ke zauf házmah se us men̄ súrat ghizá kí kam mutbaddil hotí hai, aur un men̄ kuchh qadre qalíl khúní kí blí ámezish hotí hai. Yih alámateñ kuchh kuchh arse bād kam o zayádah hotí hain̄, khwá wuh be ahtiyátí ghizá se hon̄ yá be ahtiyátí poshak se, khwá baghair kisí sabab mujyan̄ tá áyne ánton̄ men̄ be tarkib wáqá hotí

bloody, sometimes mixed with pus, or of offensive, ill digested faeces, the number of the evacuations varying from three or four to seven or eight a-day. The abdomen at the same time feels full and hard, without being very painful on pressure, the urine is high colored, and is passed with pain. The patient when in bed lies on his side, with the body much curved, and the lower limbs bent on the abdomen, to relax the muscles as much as possible. The pulse is feeble, intermitting, and generally slow, excepting towards evening, when some degree of fever occurs. The tongue is often bright and glossy, the skin is cold, sallow, dry and rough, the lips appear livid, emaciation proceeds rapidly, the feet and legs become œdematosus, and ascites occasionally takes place, the patient sometimes becomes jaundiced, and finally after some weeks or months, dies from irritation and exhaustion. The odour from persons suffering from this disease is very peculiar, if once recognized it cannot be forgotten, it is very offensive and at the same time acid.

Treatment.—Should there be the slightest inflammation, it must be reduced by careful local and general bleeding, bearing in mind, that the strength of your patient has probably suffered severely, when treated for the acute form of the disease. The bowels should be carefully cleansed by oleaginous purges, and small mucilaginous clysters; blisters to the abdomen may be employed with advantage. Should there be no inflammation, astringents and tonics are indicated, either vegetable or mineral; should catechu and kino be of no avail, great benefit may be derived from the sulphate of copper or the sugar of lead in doses from one quarter of a grain, gradually increased up to three or four grains, either with or without opium, and given three times a day in form of a pill, and not on an empty stomach; should it cause sickness, it may be combined with small doses of prussic acid. Moderately stimulating and oleaginous frictions of the abdomen, the part being subsequently swathed in flannel, is occasionally found useful. Where there is reason to suppose that the rectum is ulcerated, various injections are employed with advantage. A weak solution of acetate of lead or sulphate of zinc, five grains of either, with two ounces of rice

hai, is hálat men ánw lahú ke dast áte hain baz auqát un men rím milí huí hotí hai yá mutafan baráz ghizá ká milá huá nikaltá hai. Tadád daston kí muhtalif hotí hai, ek din ke ərsah men tín chár daston se, sá tāh daston tak ijábat hotí hai, aur is hálat men shikam pur aur sakht malum hotá hai lekin dabáne se bahut dard nahín malum hotá. Pesháb tez rang aur dard se átā hai. Maríz jab bistar par hotá hai karwat se pará rahtá hai aur jism ko terhá rakhtá hai, aur hatt-ul-imkán wáste dhilá karne putthon ke tale ke aza ko shikam par jhukáe rakhtá hai. Nabz bárík aur mutawaqqif hotí hai, aur aksar auqát sust aur áhistah chaltí hai, siwá shám ke, jab ki filjumlah tap hotí hai. Zabán aksar auqát surkh aur tábindeh hotí hai, jism sard aur zard aur khushk aur khurdará rahtá hai, lab níle hojáte hain. Lághatí jism kí jáld wáqa hotí hai. Pánw aur tángén phúl játl hain, aur baz auqát istasqá hojátá hai, aur báze waqt maríz ko yarqán hojátá hai, aur basabab irritation aur záil hone táqat ke marjátá hai. Is marz ke muhtalón ke jism se ek khás bú átí hai jo ki agar ek dasa daryáft ki jáwe to farámosh nahín hosaktí, wuh bú bahut nágawár aur tursh hotí hai.

Maáljah.—Agar zara sá bhí waram ho, to wuh báahtiyát kam kiyá jáwe, tanqiyáh khún khás yá ám se, magar yih bát malhúz rahe ki basabab maáljah ayám bímári shadíd ke maríz men táqat báqí rahí hai yá nahín. Rodah bhí báahtiyát o hoshyáríchikne jullábon aur mucilaginous huqnon se sáf kí jáwen aur is súrat men shikam par blister lagáne se fáidah hotá hai. Agar waram na ho to adwiyah qábiz aur muqawwí monásib hain khwá nabátatí hon, khwá mádaní. Agar catechu aur kino se fáidah na ho to sulphate of copper yá sugar of lead se bahut fáidah ho saktá hai aur mautád is dawá ke chaháram hissah grain se batadríj ziyádah kí jáwe, tín yá chár grain tak, khwá mai opium khwá bagháir opium ke, aur is kí golí banákar tín dasa ek din men díjáwe, magar khálí medeh men nahín, aur agar isse kuchh jí matláwe to is ke sáth qalíl mautáden prussic acid kí shámil karen. Gúnah tahrík dená aur shikam par chiknáí malní aur uspar flannel lapeñí baze mauqá par mufid páí gaí hai. Jis súrat men qayás cháhtá ho ki káñch men zañhm ho gae hain, to muhtalif pichkariyon ke istamal se fáidah hásil ho saktá hai. Ek khaffí solution, acetate of lead yá sulphate of zinc, bamiqdar páñch grain mai do ounce cháwal ke

water, has the effect of allaying irritation, whilst a solution of the sulphate of copper, or one of the corrosive sublimate, two or three grains of either, in two ounces of lime water, excites foul and sluggish ulcers to healthy action, and in many cases has effected a permanent cure. The diet should be entirely farinaceous, solid animal food, vegetables, and all stimulating matters being rigidly forbidden. Change of air, or a sea voyage, has frequently proved advantageous when all other remedies have failed.

Questions.

How many forms are there of dysentery ?

Describe the symptoms of the acute form of the disease ?

Name some of the chief causes that give rise to this disease ?

What treatment should you adopt in the inflammatory stage of the disease ?

When all inflammatory action has ceased, what treatment should you follow ?

Enumerate the symptoms of the chronic form of the disease ?

What treatment should you adopt at first in the chronic of the disease ?

If there should not be any inflammatory symptoms, what class of medicines are indicated ?

What diet should the patient have when labouring under this disease ?

DYSMENORRHœA ; OR PAINFUL MENSTRUATION.

This disease may arise at any period of life at which the menstrual function is performed; it may exist from the time of puberty and cease on marriage; or the first attack may come on immediately after marriage, and last until the patient becomes pregnant; and in some cases it does not come on till after child-birth.

Symptoms.—At the menstrual period there is acute pain generally, which decreases as the discharge flows; the pain often resembles the grinding pains of the first stage of labor, in par-

pání ke asar sozish ká kam kar saktá hai aur solution of the sulphate of copper yá solution corrosive sublimate ká do yá tñ ounce, do ounce chune ke pání men kharáb aur derpá násúron ko mufid hotá hai, balki báz hálatoñ men issé mutlaq sihat hásil hogá hai. Aur cháhiye ki ghizá mutlaq raqíq o muqawwí ho, aur muqawwí ghizá misl gosht aur tarkáriyán aur tamám muharrik ghizáen batákíd maná kí jáwen. Tabdil hawá aur safar daryá-i-shor aksar auqát bahut mufid. Vá gayá hai, jab ki tamám aur ıláj kárgar nahín hne haín.

Sarálá.

Kitní qismen ^{is} ^{is} aqúnán munqisam hai, unke iám býáu karc?

Alámateñ shadíd súr ^{is} ^{is} bímári lí bay'á karó?

Asal bájs jin se yih ^{is} arí paidá hotí hai bayán kero vand nám unke?

Kyá ıláj ikhtiyár karná cháhiye is bímári ki bálat-i-ánuá ^{is} nep?

Jab kí tamám ámal ıláj waram ke mauqûf ho chuke hai; kyá ıláj ikhtiyár karná cháhiye?

Cinke batao alámateñ shadíd súrat is bímári kí?

Kyá ıláj tum ikhtiyár kar sakte ho ibtídá-i-bímári ishál kohnah men?

Agar kuchh hálat waram nábáqí rahí ho to kis qism kí adwiyah ká istamál karná cháhiye?

Kis ghizá ká maríz ko istamál karná cháhiye jab ki wuh is árzah men muttilá hai?

DYSMENORRHEA; YANE BÍMÁRI HAIZ DARD ANGAIZ.

Jis waqt tak ki áurat ko haiz hotá raftá hai, un auqát umr tak kisi waqt men unhen yih bímári paidá ho saktí hai. Yih marz láhaq ho saktá hai ahad balúghat se, aur rafa ho saktá hai barwaqt katkhudái ke; yá pahlá hamlah bímári ká á saktá hai faurán dñ nikáh ke aur tá hámilah hone marízah ke rah saktá hai, aur báz hálatoñ men bímári mazkúr nahín áyud hotí hai, jab tak ki áurat ke bachcha paidá nahín hotá.

Alámaten.—Áyám haiz men aksar dard shadíd hotá hai, aur jiun jiun khún i haiz jári hotá hai dard kam hotá játá hai. Yih dard aksar mushábah us dard ke hotá hai jo ki pahle darjah dard zeh

oxysms of short duration, and frequent occurrence. There is also, in the intervals, a constant aching pain down the legs, with a dragging sensation in the back and loins; there is sometimes also a sensation of bearing down in the pelvis with even an actual lowering of the womb. Occasionally there is a peculiar membranous substance expelled from the womb, consisting of coagulable lymph.

Treatment.—Immediately before the expected attack, the bowels should be opened by a mild purgative of castor oil, or a dose of Gregory's powder, or a warm water injection; the patient might also put her feet in warm water, or sit in a hip bath. At this time, should the pulse be full and frequent, the countenance flushed, and general plethora prevail, cupping on the loins, or by leeches to the pudenda or groins might be advisable, and the following draught be given, and repeated every hour or two according to the effect:

Tincture of opium, twenty drops.

Sweet spirits of nitre, forty drops.

Camphor mixture, one ounce.

Belladonna plasters may be applied to the sacrum. Injections of warm rice water, containing two grains of belladonna or opium, may be frequently thrown into the vagina, or a clyster of the same kind may be employed. Suppositories containing two grains of opium are also useful at times.

The loins, pubes, and perineum should be frequently fomented with a warm decoction of poppy heads. Ether, assafœtida and ammonia, may be given at intervals to relieve the spasms. Hot gin and water will often subdue the pain. These medicines, however, should be very cautiously administered, should there be much heat of skin and feverish excitement. In the intervals of the menstrual periods, the general health should be regulated. Equal parts of steel wine and the compound spirit of sulphuric æther, half a drachm to one drachm each in a wine glass of the infusion of gentian or chiretta, may be given two or three times a-day. The bowels should be regulated by any mild purgative; moderate exercise is adviseable. The diet should be nutritious, but not stimulating. Great benefit will be derived by the regular employment night and morning of cold water injections into the vagina.

men hotá hai, aur daurah is ká thore waqfah se hotá hai, aur aksar wáqá hotá hai. Aur is zimn men ek dard qáyam níche tángon ke bhí rahtá hai, aur píthi aur kamar men ek kashish sí malúm hotí hai, báz auqát pelvis, yane puá shikam men jhukáo malúm detá hai balki bachchadáu níche ko utar blí átá hai, báz auqát ek khás medeh chhichhron ká sá riham men se nikaltá hai, aur wuh mushtamil hotá hai ek jannewálí ratúbat sc.

Maqíjáh.—Qabal is ke ki hamlah bímári mazqúr kí umed ho, fauran ek halke julláb castor'oil ke yá ek mautád Gregory's powder yá huqnah áb-i-garm se rodah khol diye jáwen. Marízah apne páñw ko garm páni men rakhe, yá tábakamar garm páni men bai'the, is waqt men agar nabz men imtlá aur surat ho, aur chehra surkh aur ziyádatí khún kí ho, to kamar par pachhne lagáne yá sharmgáh aur chaddon par joñken lagání munásib hongí, aur adwiyah marqúmat-uz-zail ek ek yá do do ghanç ke bád bamújib asar dawá ke dení cháhiyen.

Tincture of opium, bíq qatrah,

Sweet spirits of nitre, chálís qatrah,

Cainphor mixture, ek ounce.

Ríh par pháyá belladonna ke lagáe jáwen. Pichkáriyán garm cháwal ke páni kí mai do grain belladonna yá opium ke aksar auqát anaq-ul-riham men dálí jáwen, yá ek huqnah usí qism ká kám men láyá já saktá hai, aur báze waqton men shayáf do grain opium ke bhí mušíl hote hain.

Kamar aur muqám múezohár aur seewan cháhiye ki aksar garm joshándah se post ke dodon se senken. Bád iske wáste izálah tashannuj ke æther, híng aur ammonia kuchh kuchh fáslah waqt se dí jáwe. Garm gin sharáb aur áb i garm aksar dard ko rafá kar saktá hai, lekin in adwiyat ke dene men darsúrat-i-ki garmí jild aur tap mahsúh ho, to bahut ahtiyát malhúz rahe. Ayám haiz ke mábín men tamám jism kí sihat kí durustí bhí karní cháhiye. Barábar juz steel wine aur compound spirit sulphuric æther ká nisf drachm se ek drachm tak har ek men se ek wine glass infusion of gentian yá chiretta men din bhar men do yá tín dasa diyá jáwe. Ánten kisí halke aur muláyyam julláb se murattab aur durust kí jáwen. Filjumlah riyázat jismí bhí lázim hai, ghizá-i-muqawwí dení cháhiye, lekin muharrik na ho. Subah aur rát ko áb-i-sard kí pichkáriyon ke anaq-ul-rahám men dene se bahut fáidah kiyá jáwegá.

Questions.

- At what period of life does dysmenorrhœa generally show itself ?
 What are the usual symptoms of the disease ?
 What treatment should you adopt at the commencement of the disease ?

ENTERITIS: INFLAMMATION OF THE BOWELS.

Symptoms.—There is fever, deep seated pain, especially round the navel; pulse generally quick and sometimes hard, skin hot, great thirst, tongue generally red at the tip and edges, sometimes it is all red. If the upper portion of the bowels are inflamed, then there will be nausea, but if the lower portion, there will be pain in the iliac region and along the course of the colon, with diarrhoea. After some time, the abdomen becomes tympanitic, tormina are occasionally observed, this is when the colon is affected.

Treatment.—Copious general bleeding, and leeches to the abdomen, also warm fomentations and mild laxatives. When the abdomen is tympanitic, give turpentine clysters. In very acute cases, blisters will be of service, but generally the application of hot spirits of turpentine or mustard poultices should be preferred, which however must be removed before it produces vesication.

Questions.

- What are the symptoms of inflammation of the bowels ?
 What causes the nausea in enteritis ?
 If there is pain in the iliac region, and along the course of the colon, what portion of the bowels will be inflamed ?
 What treatment should you adopt ?

EPILEPSIA: EPILEPSY.

Symptoms.—Loss of sensation and consciousness with spasmodic contraction of the voluntary muscles, succeeded by convulsive distortions and stupor. The premonitory signs of an attack are, headache, giddiness, dimness of sight, ringing in the ears, the patient also feels a peculiar sensation of tremor or numbness, which begins at the extremity of a limb, and gradually ascends to

Sawálát.

Kis zamáne men үmr ke árzah haiz dard aŋgez paidá hotá hai ?

Kyá haiŋ mashlúr alámaten is bímári kí ?

Kyá ıláj i᷍htiyár karná cháhiye shurú bímári men ?

Mábín ayám haiz ke kyá ıláj honá munásib hai ?

ENTERITIS: YĀNE SOZISH UMĀ.

Alámaten.—Bukhár aur jamá huá dard khasusan gird náf ke rahtá hai. Nabz men aksar tízí aur baz waqt salábat pái játí hai, jild badan kí jaltí rahtí hai aur piyás ká ghalbá hotá hai. Zubán kí nok aur donon jáñ bain aksar surkh rahtí haiŋ, aur baz súraton men tamám zu ban ká yihí hál hotá hai. Aksar úpar ke hisseh men umá ke warm hotá hai to us súrat men dil málisch karta hai, aur jis súrat men asfal ke hissch men waram hotá hai to maqám daqqáq men aur us jagah jaháñ tak colon phaití hai dard rahtá hai, aur is ke sáth shikam bhí járí hotá hai. Thore se ərsah ke bäd shikam phúl játá hai. Baz auqát dard umá bhí hotá hai, magar us súrat men jab ki colon men ɭhalal howe.

Ma᷍ljah.—Lená ɭhún ká ɭhátir ɭhwá bazariyah fasd aur lagáne joŋkon ke shikam par aur bhí seŋkná aur dená halkí mulayyan adwiyah ká ıláj hai, jis súrat men shikam phúlá huá howe to huqnah turpentine ká karen. Ilálat shiddat men lagáná blister ká muſíd howegá, lekin aksar istamál garm spirits turpentine yá ráí kí poultice ká bahtar hai, magar usko bhí qabal uz paidá hone áblah ke dür kar den.

Sawálát.

Kyá alámaten warm umá kí hotí haiŋ ?

Kis sabab se is marz men dil málisch kartá hai ?

Agar dard muqám daqqáq men aur us jagah jaháñ tak colon játí howe, to konse hisseh umá men warm hotá hai ?

Kyá ıláj karná cháhiye ?

· EPILEPSIA; YĀNE MIRGÍ.

Alámaten.—Is bímári men hosh hawás aur tamíz-o-shaúr men nuqsán á játá hai aur puṭhe jin ke sabab ádmí harkat kartá hai tashannuj ke sáth sukaṛ játe haiŋ, aur bäd iske azá bashiddat ɭham ɭhákar behoshí aur ghaflat táři hotí hai. Awwal ásár is árzah ke dard sir aur daurán sir aur ɭhírgí basárat aur rahná sansanáhaṭ ká kánoŋ men hotá haiŋ. Maríz ko ek khás qism kí

the head, called "aura epileptica." The fit occurs suddenly, the patient falls to the ground, the body is convulsively agitated, the eyes are fixed and reverted, permanent contraction of the pupils, gnashing of the teeth, protrusion of the tongue, foaming of the mouth, laborious respiration, the pulse generally small; the fit lasts generally on an average about twenty or thirty minutes. After it is all over, the patient continues insensible in an apparently profound sleep, from which he recovers in an exhausted state, without any recollection of what has happened.

Treatment.—When the disease occurs in infants and children, and appears to be connected with dentition, lancing the gums, giving an emetic, then a brisk purge, with the occasional exhibition of aperients and absorbents, and paying attention to the diet and regimen, is what is required; where the disease seems to be caused by worms, give four drachms of the oil of turpentine, following it up with a dose of castor oil. When the disease occurs in females, and appears to be connected with the uterus, which is indicated by irregularity of menstruation, the employment of emmenagogues, the warm or hip bath, and stimulating clysters are to be recommended. When the disease appears to be connected with general plethora, determination of blood to the head, and the patient is young and robust, bleeding is indicated, either general or local; cupping between the shoulders, blisters to the nape of the neck, and regulating the bowels is to be adopted. Antispasmodics, such as camphor, musk, castor, valerian, opium, henbane or stramonium, should be administered before the attack. The nitrate of silver taken internally has been found efficacious, as well as the sulphate of copper, arsenic, and the oxyde and sulphate of zinc. Electricity and galvanism have been found sometimes very serviceable. The causes which give rise to epilepsy, are blows, wounds, fractures, and other injuries done to the head by external violence, together with lodgments of water in the brain, tumours, concretions, and polypi. Violent affections of the nervous system, sudden frights, fits of passion, great emotions of the mind, worms in the stomach or intestines, teething, or the suppression of any

thartharí, yá khún kí jo ki shúrú hotí haí, ek azu ke sire se aur batadríj chartí hai. Ghashí dafátan tári hotí hai aur maríz zamín par gir partá hai, jism maríz ká tashannuj ke sáth harkat kartá hai, ánkhen pathrá játí hain, aur putliyán chhotí ho játí hain, maríz dánt chabátá hai, zubán nikal átí hai, aur dam mushkil se átā hai aur nabz aksar bárík hotí hai, aur yih hálat ghashí aksar bís yá tís minute tak rahtí hai, aur bäd guzar jáne in tamám hálaton ke bhí maríz behis-o-sharkat aur bchosh rahtá hai, aur bazáhir aisá malúm hotá hai ki khwáb ghaflat men pará hai, aur is hálat se jab maríz hoshyár hotá hai to us waqt zauf tári hotá hai, aur jo kuchh us par guzrá hai us kí kuchh khabar us ko nahín hotí.

Maqáljah.—Jab ki yil bímári bachehon aur larkon ko áyad hotí hai, aur aisá zahir ho ki basabab dant nikalne ke hai, to chír dená masúron ká, aur dená adwiyah muqai ká, aur bäd izán dená ek juláb tez ká, aur kabhí istamál men lánú adwiyah malayyan aur jázib ká, aur khiyál rakhná ghiza aur parhez ká, zarúryát se hai, aur jaháñ yih bimári wáqá huí hai basabab kíron ke to chár drachm turpentine dewen aur bäd iske ek mautád castor oil kí. Jab ki yih bimári auraton ko áyad ho, aur aisá záhir ho ki wuh khálal raham se huí hai, jiskí əlamat heqáida ke ijrái khún haiz hai, to istamál adwiyah dastá war garam paní se naháná yá garm paní men baithná aur huqneh tez dawá ke munasib hain, jab ki yih záhir ho ki bimári mazkúr mutalliq hai ziyádatí khún se, aur thahar Jane se khún ke sir men, aur maríz jawán aur farbah hai, to tanqiyah khás yá ám khún ká munásib tajwíz kiyá gayá hai aur lagána puchhnoñ ká darmiyán shánon ke, aur blister ká gardan par, aur tartib rodah ikhtiyár kiyá gayá hai. Adwiyah dáfá tashannuj, misl camphor, musk, castor, valerian, opium, henbane, or stramonium qabal az hamlah bimári ke dená cháhiye. Nitrate of silver aur sulphate of copper, arsenic, oxyde aur sulphate of zinc bhí kabhí kabhí, dená bahut musíd páe gae hain. Electricity aur galvanism bhí aksar auqát bahut musíd páe gae hain. Báis jo ki bimári sarah ko paidá kartí hain wuh sadmá aur zaikhm aur tuṭ jána ustakhairán ká, aur aur qism ke sabab jo kí báhar se sir par pahunche mai jamá ho jáne pání ke dimagh men, aur warm aur injamád khún hote hain. Sakht amráz putthoñ ke yá dar jána, dafátan, yá ghalbá gham-o-ghussah ka, yá bará josh-i-dil ká, yá honá kenchu-

accustomed evacuations. Sometimes it is hereditary, and at other times it depends on a predisposition arising from mobility of the sensorium, which is occasioned either by plethora or a state of debility.

Questions.

What are the symptoms of epilepsy ?

What are some of the premonitory signs of an approaching fit ?

What is the proper treatment for the different species of epilepsy ?

ERYSIPELAS.

This disease may be divided into three varieties, viz., the simple, the phlegmonous, and the oedematous.

Symptoms of the simple variety.—The inflammation attacks the skin, which is hot, red, smooth and shining, with tumefaction, and sometimes an effusion into the subjacent cellular tissue. The pain is pungent and burning. On the third or fourth day, vesications form on the surface of the inflamed skin. When the erysipelas evinces any disposition to change from one spot to another—"metastasis,"—it becomes necessary to carefully watch the state of the internal organs.

Treatment of the simple variety.—Aperient and refrigerant medicines are sufficient, diaphoretics and diuretics are also beneficial. If the extremities are affected, they should not be used, but must be kept in the horizontal position; in some cases leeches may be necessary, and warm fomentations. Should this form become erratic, bark may be given combined with diaphoretics and purgatives. If the disease be occasioned by suppressed perspiration, give diaphoretics, such as ammonia, antimony and camphor. If the head be not affected, an emetic, after the necessary depletion, restores the function of the liver and skin. Give calomel and James' powder at night, and on the following morning, the compound infusion of gentian and senna with a neutral salt.

Symptoms of the phlegmonous variety.—The inflammation attacks the skin, and the subjacent cellular tissue, and generally termi-

on ká medeh aur rodoñ men yá níkalne dánton ká, yá ruk jána kisí mämúlí shai ká jo khárij hotí rahtí hai, báis is marz ká hotá hai. Baz auqát yih marz maurúsí hotá hai, aur baz waqt khalal sensorium se hotá hai jo khalal khwá ziyádatí khún yá kamzorí se howe.

Sarálát.

Kyá hain alámateñ árzah sarah kí?

Kyá hain bazí pahlí alámateñ qarib ánewále ghash kí?

Kyá munásib iláj hain wáste muķthalif qism sarah kí?

ERYSIPelas.

Yih marz tín aqsám meñ munqisam ho saktá hai, yanç sádah aur balghamí aur cedematous.

Alámateñ qism sádah kí.—Sozish jild par wáqa hotí hai, jiske sabab wuh garm aur chikne aur chamakte amás ke sáth hotí hai, aur baz auqát darmiyán tale ke jild kí jhillí ratúbat ho játí hai. Dard tez aur sozish ke sáth hotá hai. Tísre yá chauthé din satah par jism ke jaháñ sozish hotí hai áblah nikal áte hain. Jis waqt yih árzah mailán intiqál ek muqám se taraf dúsre muqám ke záhir kare to us hálat ko metastasis jánná cháhiye, aur khabargíri andarúni azá kí pur zarúr hai.

Maáljah qism sádah ká.—Adwiyah mulayyan aur dásá harárat káfí hain, adwiyah árqáwar aur mudir bhí mufíd hotí hain. Agar láth páñw men yih árzah howe to unko harkat na deñ, aur phailáe hue sídhá rakhen. Bazí súratón men hájat jonkon aur senk kí bhí ho saktí hai. Agar yih marz ek jagah se dúsri jagah dauñc lage, to bárk bashamúl adwiyah árqáwar aur dastáwar ke de sakte hain. Darsúrat-i-ki yih marz basabab band ho jáne pasíne ke láhaq howe, to adwiyah árqáwar misal ammonia aur antimony aur káfúr ke dewen. Agar sir is árzah se mahsúz howe, to basabab dene adwiyah qaiáwar ke bád zarúrí tanqiyah ke jigar aur jild apne kámon par ámádah ho jáenge. Rát ke waqt calomel aur James' powder aur uske subah ko compound infusion of gentian aur senna ke sáth neutral salt ke dewen.

Alámateñ qism balgham kí.—Sozish jild par aur uske tale kí jhillí aur rag-o-reshah men hotá hai, aur aksar us meñ píb par játí hai,

nates in suppuration; it is more frequent on the extremities than elsewhere; the accompanying fever is inflammatory. The redness of the skin is of a deep tint; at the end of four or five days vesications appear. Sometimes there is desquamation of the cuticle, the redness then declines, the skin assumes a yellow tinge, the swelling and fever gradually subside, and the disease then ends in resolution. Suppuration however is the most common termination, and not unfrequently gangrene.

Treatment of the phlegmonous variety.—This must be very active. Copious blood letting is absolutely necessary, especially when the face and scalp are affected. Local bleeding and cold lotions to the scalp are also useful. Active purgatives, antimonials, and refrigerating drinks, with strict abstinence, are the next means to be resorted to. The active treatment now recommended is only admissible for the young and strong, and at the commencement of the disease. When the patient is old or weakly, or in the latter stages of the disease, it will be necessary to support the system by quinine, ammonia, wine, cordials, &c. When suppuration and sloughing has taken place, and when pus is infiltrated through the subcutaneous cellular tissue, incisions are to be made to give it outlet; after the incisions, warm fomentations are to be applied, till the bleeding has ceased; a warm bread poultice should then be applied. Pressure by bandages will afterwards be useful in promoting the healing process. When during the continuance of erysipelas, symptoms of gastric irritation come on, and there be fulness of the pulse, and other marks of acute fever, bleeding and leeches to the epigastrium are indicated.

Symptoms of the œdematosus variety.—This form of the disease generally occurs in weak constitutions, or in persons disposed to dropsical effusion. The skin is of a pale red colour, inclining to a yellowish brown, smooth and shining, but less hot and painful than in the two preceding varieties; there is an effusion of serum, the affected part pits on pressure, sometimes pus is mixed with the serum. The redness changing to a livid hue, and the pain ceasing, indicate gangrene. Erysipelas is most dangerous when it

aur aur muqámon ki nisbat háth páñw men ziyádahtar láhaq hoti hai, aur uske sáth bukhár muhtarqah hotá hai. Surkhí jild kí gahre rang kí hotí hai, barwaqt khatam hone chár yá pánch din ki áblah nikal áte hai. Baze waqt jab ki jild ki jhillí judí ho játí hai, to rangat jild kí zardí liye hue hotí hai, aur waram aur bukhár darjah badarjah ghaṭ játá hai aur bād us ke marz záil ho játá hai, magar niháyat aksar yih hotá hai, ki anjám men píb par játí bai, aur bárhá muqám marz sarh blí játá hai.

Maqljah qisam balyhamí ká.—Lázim hai ki ıljáj chustí ke sáth kareñ. Lená khún ká bakasrat niháyat pur zarúr hai khasús jab ki chehre yá khoprí par yih árzah howe. Leuá khún ká muqám marz se aur rakhná sard chízon men tar kíye hue kapro ká khoprí par blí mufid hotá hai. Bād in murátit ke yih cháhiye ki tez julláb aur adwiyah antimoniales aur refrigerant yane dáṣa harárat dewen, aur niháyat sakht parhez karwáwen. Yih sakht ıljaj jis ká abhí zikar huá hai siraf un logoñ ke wáste jáyaz hai jo ki jawán aur tágatwar hoñ, aur bímári kí blí ibtidá howe. Jis súrat men mariz umr rasídah yá natáqat ho yá marz akhír darjah men pahunch gayá ho to bahál rakhuá tágat jism ká bazariáh quinine, ammonia, wine, aur cordials yane musarrehát wagħairah ke zarúr hogá, jab ki pakáo wáqa howe aur zaķhm men chhichħre howen aur píb ristí ho, to paidá karná zaķhm ká wáste iķhráj ke zarúr hogá. Bād paidá karne zaķhm ke, zaķhm ko seŋkte raheñ tawaqté ke khún band na howe aur bād band hone khún ke roṭí ká poltice banákar bándhen. Dabáná zaķhm ko bazariáh pattíyon ke sihat baħħsh ne men mufid hogá. Agar darmiyan is marz ke alámtén gastric yane khalish medeh ki numáyáñ howen aur nabz men imtalá ho, aur alámateñ bukhár shadíd kí pái jáwen to lená khún ká aur lagáná joqon ká epigastrium yane fam medeh men munásib hogá.

Alámateñ qism adematos kí.—Yih árzah aksar unko láhaq hotá hai jo kí zaíf-ul-mizáj hote haiñ yá jinke badan men ratúbat bahut hotí hai. Jild badan kí zardí liye hue surkh aur zardí máyal bhúrī, chikní aur chamaktí huí hotí hai magar itní garm nahín hotí na itná dard hí hotá hai, jaisá ki pahlí donoñ qismon men bayán huá hai, muqám marz men ek ratúbat hotí hai aur dabáne se gaṛħá partá hai aur bāz auqát píb ke sáth gosht ká sádhawan milá huá hotá hai. Agar rang jild ká surkh se nilá, aur dard mauquf ho jáwe to isse záhir hotá hai ki muqám

attacks the face and scalp, the danger arising from supervening inflammation of the brain or its membranes. In this form, there is some smart febrile indisposition for two or three days, then a redness appears on some part of the face from which it spreads over the entire face, forehead, scalp, and even further. There is swelling of the face, and particularly of the eyelids; there is also delirium, which is at first temporary, and afterwards constant, succeeded by drowsiness and coma; about the fourth day, vesications or desquamation of the cuticle comes on; in bad cases the cerebral symptoms increase, delirium becomes furious, or the patient becomes entirely insensible, and about the tenth or twelfth day, dies.

Treatment of the œdematosus variety.—In this form, mild aperients, confinement to the horizontal position, warm fomentations, and in broken constitutions, tonics, such as quinine, cascara with soda or potass, camphor and wine are indicated. Pressure here also with bandages will be bencficial. Should the erysipelas terminate in gangrene, bark, wine and opium are to be given, and the bowels to be regulated by mild aperients. The nitrate of silver, either in substance or strong solution, will be found of the greatest service if thoroughly rubbed round the external circle of the inflammation, as it arrests the spreading of it, but great care must be taken that the circle is perfect, otherwise the inflammation will be sure to spread through the slightest opening.

Questions.

Name the different varieties of erysipelas.

What are the symptoms and treatment of the simple variety ?

What are the symptoms and treatment of the phlegmonous variety ?

What are the symptoms and treatment of the œdematosus variety ?

FEBRIS CONTINUA; CONTINUED FEVER.

Symptoms.—In the first or premonitory stage, there is lassitude and disinclination to exertion, mental or bodily, dull aching pains in the back and limbs, sometimes a dull headache, with giddiness

andar se saṛh gayá hai. Yih marz us súrat men niháyat ḥbatarnák hotá hai ki chehra aur khopri par paidá ho, kyúñki dimágh yá uske pardon men sozish á jáne ká ḥauf hai. Is tarah ki is marz men do yá tín din tak tez bukhár kí hurárat rahtí hai aur bad iske kisi muqám par chehra kí surkhí numáyán hotí hai, aur waḥán se tamám chehra aur máthe aur khopri par balki isse bhí ziyádah phail játí hai, aur chehra khasús áñkh ke papote súj játé hain, aur hizyán bhí hotá hai jo pahle bader nahín rahtá magar ákhir ko har-waqt, aur uske bād ghanúdgí aur behoshí wáqá hotí hai, aur qarib chauthé din ke áblah yá judá honá jild ká wáqá hotá hai. Dar-súrat niháyat bad qism ke hone is marz ke alámateñ ḥhalal dimágh kí ziyádah hotí hain, yane hizyán men díwángí aur ghazab náqí pái játí hai, yá maríz bilkul behosh ho játá hai, aur qarib das yá bárah din ke mar játá hai.

Maáljah.—Is tarah kí bímári men istamál halkí mulayyan adwiyahí ká aur sídhá paṛá rahná aur seṅkná, aur agar maríz zaíl-ul-mizáj ho to dená quinine, cascarilla ká hamrál sola yá potass, camphor yáne káfsúr aur wine ká munásib hai. Is mauqá par bhí dabáná bazariyah paṭṭiyon ke musíd hai. Agar is marz men anjám kár muqám marz saṛh jáwe to bark, wine, aur opium deñ, aur rodoñ kí tartíb balki adwiyah mulayyan se karen. Nitrate of silver ḥhwá ḥushk, ḥhwá tez ghulá huá niháyat musíd páyá jáwegá agar baḥhúbí gird sozish ke malá jáwe kyuñki yih sozish ko taraqqí nahín karne detá magar iská bahut ḥhiyál rahe ki koí jagah gird men chhút ná jáwe nahín to sozish zarásí bhí jagah pákar phail jáwegí.

Sawálát.

Mukhlis qismen marz erysipelas kí bíyán karo?

Kyá alámateñ aur iláj qism sádeh kí hote hain?

Kyá alámateñ aur iláj balghamí qism kí hotí hain?

Kyá alámateñ aur iláj qism cedematos kí hotí hain?

FEBRIS CONTINUA, YÁNE TAP-I-DÁIMÍ.

Alámateñ.—Is árzah ke darjah awwal men sustí hotí hai, aur soch o fikar aur mahnat aur kám ko dil nahín cháhtá, aur dard ḥafif pusht aur azá men rahtá hai, aur báz waqt filjumlah dard

and faintness, occasional chilliness, followed by slight flushes, pulse in general weak, small and intermittent. In the second stage, there is coldness of the surface, with shivering pains in the back, loins, and limbs, pulse still weak and intermittent, respiration irregular and laborious, sometimes interrupted by sighing and yawning, a white viscid coating on the tongue, the digestion very much impaired, bowels constipated or relaxed, urine pale. After this stage has lasted for some time, the chilliness is interrupted by slight and partial flushings of heat, till the entire surface of the body becomes warm. This is the commencement of the third stage. In severe cases of this stage, there frequently occurs irregular distributions of blood. When the head is the seat of this irregular distribution, the symptoms are, intense pain in the forehead and temples, and sometimes furious delirium. To these symptoms are added, wakefulness, either total or partial; eyes suffused with blood, intolerance of light, pupils either dilated or very much contracted, pungent heat of the surface, the external senses either depraved or preternaturally excited. Should the lungs be the seat of this irregular distribution, the symptoms are, lividity of the countenance and of the lips, voice husky and hoarse from the accumulation of blood in the larynx, which may also extend to the pharynx, and there produce some pain in swallowing, sense of uneasiness in the chest, dyspnoea, and some cough. Should the intestinal mucous membrane be the seat of this preternatural accumulation of blood, there will either be constipation or a relaxed state of the bowels, the evacuations, in the latter case, consisting of dark colored vitiated bile and mucus; abdomen hard, distended, and sometimes painful on pressure, more especially in the right iliac region; the sanguineous accumulation may extend up to the jejunum, stomach, liver, and spleen. In this stage the pulse is generally full and frequent, skin hot, dry, and red, and in some cases covered with exanthematous patches, chiefly about the neck, breast, and joints; the tongue is of a bright red color, becomes brown and dry along the medial line, which soon extends to the tip and edges. The urine is now high colored and clear. There is generally an exacerbation towards evening, and a remis-

sír sáth daurán aur zauf ke hotá hai, kabhí kabhí badan ʈhandá hotá hai, aur bád iske garmí ke ʈhasif shuálah ughte hain, nabz aksar zaíf aur bárík aur mutwaqqif hotí hai. Darjah doim men satah jism ká ʈhandá hotá hai, aür dard larzah ke sáth pusht aur kamar aur azá men hotá hai, aur is hálat men bhí nabz zaíf aur mutwaqqif hotí hai, aur dam beqáidah aur diqqat se átá hai, aur báze waqt basabab áh i sard aur ʈhamyázah ke ruktá hai, aur zubán par sufed chamaktá huá mail hotá hai, házmahí bahut bigar játá hai, rodah munqabiz ho játe hain yá ɖhíle par játe hain, aur pesháb zard hotá hai, bád iske ki yih darjah kuchh muddat rahá ho to ʈhandá rahná jism sáth gúnah shuálon harárat ke mauquf ho játá hai, tá áñki bïkul satah jism ká garm ho játá hai. Ágház darjah soyam ká.—Is darjah kí sakht hálaton men aksar beqáidgí taqsím khún kí hotí hai, jis súrat men ki khún sir men se beqáidah taqsím hotá hai, to uskí älámateñ yih hain ki máthe aur kanpation men dard shadíd hotá hai, aur báze waqt hizyán ʈhashamuák tárí hotá hai, aur alíwah in älámaton ke bekhwábí bhí mutlaq yá jazwí hotí hai, áñkhen khún se surkh ho játí hain, aur mutahmil roshní kí nahín hotín. Putliyán áñkhoñ kí yá to barh játí hain, yá ghaṭ játí hain, jild niháyat garm hotí hai, aur qawá-í-hawás záhirí men nuqsán ho játá hai, yá khiláf qáidah ziyádatí. Agar pheprah muqám is beqáidah taqsím ká ho, to älámateñ uskí nílápan chehráh aur hontón ká hotí hain, basabab jamá ho jáne khún ke hinjrah men áwáz baiṭh játí hai, aur agar yih khún taraf farynx yané muriye ke rujú kare, to nígalne men filjumlah dard paidá hotá hai, aur sínah men beárámí malum hotí hai, dam chaṛhtá hai, aur gúnah khánsí hotí hai, agar antariyon ke luábdár pardah muqám is beqáidah jamá ho jáne khún ke hon, to yá to qabz rahegá yá rodeh ɖhíle par jáwenge, aur is pichhlí hálat men dast mushtamil honge siyáh rang ke, ifasid sufrah aur áñw se shíkam sakht aur taná huá rahegá, aur báze waqt dabáne se dard malum hogá, khásúsan ziyádahtar dálhine nale men. Yih ijtamá khún ká phel saktá taraf jejunum yané sáyam aur medeh aur kabad aur tihál tak. Is darjah par nabz aksar auqát mumatlí aur saríh hotí hai, aur jild garm aur khushk aur surkh rahtí hai, aur báze waqt us par dáne ho játe hain khásúsan qaríb gardan aur sínah aur bandon ke, zubán surkh aur tábandah hotí hai aur darmiyán-i-khat gan-

sion in the morning.

Treatment.—If at the early part of the disease, the congestion in the head, chest or abdomen be intense, and the patient's constitution warrant it, bleeding to the extent of twelve or twenty ounces should be employed; but if the disease has gone into the second stage, and the pulse, though frequent, is neither hard or very full, and the patient not be of a very vigorous habit of body, bleeding is not admissible. Should the head in such a case be the seat of congestion, it must be relieved by local blood letting, and by leeches applied to the forehead and temples; the head must also be shaved, and cold applications to it be employed. The same plan of treatment and the same limitations are to be observed when the thoracic viscera are the seat of congestion. When the respiration is laborious, and pain in the side is felt on taking in a full breath, bleeding must be freely employed, if not otherwise contra-indicated. Leeches should also be applied to the chest or side, until the symptoms are mitigated, and sometimes it will be necessary to apply them to the throat, when the larynx or trachea may be affected. In the early stage of the disease, five grains of calomel, five grains of James' powder, and ten grains of colocynth may be given at bed time, followed up in the morning with a brisk dose of salts and senna. The use of purgatives, if not otherwise contra-indicated, should be continued for the first three or four days, and then in ordinary cases, on alternate days. In order to diminish superficial heat, the body should be sponged frequently with cold water, or vinegar and water; this is only admissible when the skin is pungently hot and dry. The internal refrigerant medicines are, the neutral salts in small quantities, as nitre and cream of tartar, the acetate and citrate of ammonia. The common saline mixture may be easily made thus:

Epsom salts, one ounce.

Tartar emetic, two grains.

Sweet spirits of nitre, four drachms.

Water, twelve ounces.

dam gún aur khushk bhí ho játá hai, aur wuh rangat jald phailtí hai nok aur kináron tak, is hálat men pesháb niháyat rangín aur sáf hotá hai, aur is súrat men amúman shám ke waqt taraqqí marz, aur subah ke waqt takhfsíf o ifáqat hotí hai.

Maqljah.—Agar ibtidá-i-bímári men sir yá sínah yá shikam men niháyat khún jamá ho aur maríz ká jism blí qábil is ke ho to fasí kíjáwe aur bárch ounce se bíz ounce tak khún liyá jáwe lekin agar marz dúsre darjeh par pahunchá ho aur nabz agarchi saríh ho lekin sakht aur bahut mumtaleh na howe aur maríz záíf-ul-badan ho to fazd lení munásib nahín hai. Agar aísí hálat men sir muqám jamá hone khún ká ho to tanqiyah khás khún ká karná cháhiye sáth lagáne jonkon ke peshání aur kanpatiyoñ par. Bál sir ke mund-wáne cháhiyen aur sard pat̄tiyán sir par lagáwen. Yihí tadbír maqljah kí aur yihí qáideñ malhúz rahan̄ jab ki thorasic viscera yane sadar ke muqámon men jab ki jamá hone khún ke ho : jab ki dam diqqat se átā ho aur púre dam lene men pahlú men dard málum hotá ho, to beshak khátir khwá fasd lení cháhiye bashartíki kisí aur wajah se námunásib na ho. Jonken̄ bhí sínah yá pahlú par lagání cháhiyen jab tak ki alámateñ marz kí kam hojáwen aur baze waqt lagáná jonkon ká gale par blí zarúr hogá jab ki hinjre aur qasbat-úr-riyah men khálal ho. Awwal darjah bímári men páñch grain calomel aur páñch grain James' powder aur das grain colocynth sone ke waqt dewen aur bad uske subah ko tez mautál salt aur senna ke. Istámál adwiyah mushil ká. Agar kuchh aur tadbír munásib na jání gaí ho járí rahe waste awwal tín yá chár din ke aur bad azán yih adwiyah bich rasme hálton ke ek din bich dekar kám men láwen. Wáste kam karne bálá-i-garmí ke jism aksar abi sard yá sirke aur páni se nam kíyá jáwe, magaryih bát sirf us waqt munásib hai jab ki jild aksar garam aur khushk ho. Andrúní sard karnewálí yane refrigerant adwiyat yih hain. Neutral salt bich mukhtasir mautádon ke misl nitre yane shorá aur cream of tartar aur acetate aur citrate of ammonia. Mushhúr namkín nuskhá ásúní se tayár ho saktá hai aur wuh yih hai.

Epsom salt, ek ounce.

Tartar emetic, do grain.

Sweet spirits of nitre, chár drachm.

Páni, bareh ounce.

Of this a wine glassful may be taken every six hours. For common drink, cold ice water may be allowed freely, or the imperial drink, made by dissolving a drachm of cream of tartar in a quart of water, and sweetening it. Free ventilation is of the utmost importance. Tonics or bitters should not be given till the tongue is clean and moist, and the skin cool. A little boiled or roasted chicken may then be allowed or a mutton chop. Great frequency of pulse and some headache often remain in fever patients, after all other symptoms are gone, these are the result of debility, they are to be remedied by improving the diet.

Questions.

How many stages are there in a case of continued fever ?

Describe the three stages as they generally occur ?

What treatment should you adopt in each stage ?

Is sponging the body with cold water admissible in all cases ?

When are tonics and bitters to be given ?

What effects often remain in fever patients, after all other symptoms are gone, and how is this state to be remedied ?

FEBRIS INTERMITTENS; INTERMITTENT FEVER.

The species or types of intermittent fever are quotidiants, tertians, and quartans, though very rarely a quintan, sextan, septiman or deciman may be met with, and still more rarely, a double tertian and octavan; these latter types are called "erratica," as the disease wanders out of its usual course.

Symptoms.—The fit or paroxysm of an intermittent commences with a sense of fatigue, dull muscular pains, particularly at the back and loins, a sense of chilliness, a sensation as if cold water was running down the back; this is followed by a creeping sensation over the surface of the body, with an erection of the papillæ of the skin. When this state has lasted some time, there are distinct shiverings; the face and limbs become shrunk, and the entire skin contracted. There is a dull heavy pain of the head, the mind becomes stupified, the sensations all depraved; loss of appetite, nausea; the pulse in general is small and frequent, res-

Is men se is ká ek bhará huá wine glass maríz har chhah ghanṭe
bad pí saktá hai. Wáste har waqt ke píne ke sard barf ká pání
beshek diyá jáwe, yá ek drachm cream of tartar ek botal pání men
milákar aur shírín karke dewen bích ek botal pání ke. Baikhúbí
hawá dení niháyat zarúr hai aur táwaqte ki zubán bilkul sáf na howe
to istamal adwiyah tonic yá bitter na karen. Ním josh diyá huá yá
bhuná huá chúzeh murgh yá mutton chop dená munásib hai. Aksar
tezí-nabz aur sir dard tap ke maríz ko jab ke tamám aur alámaten
rafā ho játi hain malum huá kartá hai to wuh babáis naqáhat yá
kamzorí ke hotá hai to un ká iláj siraf ghizá-i-muqawwí hai.

Saválát.

Kitne darje tap-i-dáimí kc hote hain?
Bayán karo wuh tín darje jø ki amúman wáqá hote hain?
Kyá iláj iķhtiyar karoge bích tíá muķht.likh darjon ke?
Kyá nam karná jism ká ṭhande pání sc sab suratōn men muná-
sib hai?
Kab adwiyah muqawwí aur talíkh díjáwen?
Jab ki tamám aur alámaten játi rahan marízán tap men kiyá
aksar rahjáte hain aur is ká iláj kyunkar kar sakte ho?

FEBRIS INTERMITTENS; TAP-I-NAUBAT.

Qismen, yá alámaten tap hác naubat kí yih hain, tap har rozah,
tap sah rozah, tap rubch, aur agarchi tap panj rozah, aur tap shasha
rozah, aur tap haft rozah, aur tap dah rozah bahut kam hotí hain,
lekin yih bhí hotí hain aur har chand niháyat kañ, lekin tap sah
rozah, aur tap hasht rozah aisí bhí dokl. ne men átí hain ki din men
do martabah áwen, yih ákhír qism ke bukhár ghair taiyun kahláte
hain, kyunki apne māmúlí taríq se báhar ho játe hain.

Alámaten.—Bári kí tap kí naubat kí slurú hotí hai, ma-
lúm honá sustí aur ḫafif dard rag-o-pr̄the aur ḫhasusau dard
pusht aur kamar, aur sard hojáne jism se aisá malúm hotá hai ki
goyá ṭhandá pání pusht se níche ko daurtá hai, aur had iske aisá
malúm hotá hai ki koí jánwar badan par rengtá hai aur rongte
badan kē khare hojáte hain. Bad kuchh der rahne is hálat ke
badan men ek saf larzah hotá hai, chehra aur tamám azá sukar
játe hain, aur tamám post khinch játá hai. Sir men dard hotá
hai, dil mutwahish aur pareshán aur hawás tamám ḫharáb ho játe
hain, ishtahá sáqit aur málisch dil hotí hai, nabz aksar bárik aur

piration hurried and laborious, yawning, tongue white, mouth clammy, urine limpid, bowels torpid. Two hours is the average duration of the *cold* stage. The *hot* stage sets in with transient flushes of heat, which subside and re-appear, till at length the hot stage becomes permanently established; according as the hot fit comes on, the color of the skin becomes red, and sometimes turgid. The patient is very restless. The dullness and obtuse headache of the first stage is succeeded by acute and throbbing pains of the head; there is increased sensibility, respiration freer, but hurried and anxious; pulse strong, hard, and frequent; tongue furred with a brown coating and dry towards the centre; intense thirst, and often vomiting; urine high colored but clear, bowels still torpid. After this state has lasted for some time, a perspiration breaks out, first on the forehead, which ultimately becomes general and profuse; all the distressing symptoms of the preceding stage are now relieved. The functions of respiration, circulation, &c., are restored. The kidneys now secrete urine, which contains more than its ordinary quantity of salts, so that on cooling it yields a copious lateritious sediment; the tongue becomes nearly clean, and if the case be recent, the natural expression of countenance is restored; if it be one of long standing, the intermissions are not marked by so perfect a return to health.

Treatment.— If the case be recent, and the general health of the patient but little impaired, after the bowels have been well opened with five grains of calomel and thirty of jalap or kalladana, commence at once giving quinine, which is to be repeated every two or three hours during the intermission; but in natives I always try kutkarinja before giving quinine. “I can strongly recommend the following febrifuge pills, having administered them in hundreds of cases to natives; kutkarinja bruised three grains, black pepper one grain, assafœtida one grain. Two of these pills to be given three times a day during the intermissions.” Some prefer giving eight or ten grains of quinine, with a full dose of laudanum immediately before the paroxysm. Other astringent

saríh hotí hai, tanaffus tez aur bojhal hotá hai, jamáhiyán átí hain,
dahan luábdár, aur zubán sufcd, aur pesháb sáf o shafás, aur rodah
afsúdah ho játe hain. Mutwasat waqt rahne larzah ká do ghanṭe
hain. Darjah garmí ká shurú hotá hai sáth nápáedár shuálon
garmí ke jo ki kam ho játe hain aur phir záhir hote hain jab tak
ki ákhir ká darjah garmí ká qayám pakar játá hai, aur jis qadar
garmí átí játí hai rang jild ká surkh hotá játá hai, aur baze waqt
us men amás sá bhí hotá hai. Maríz bahut beqarár rahtá hai.
Bád sustí aur dard-i-sir khafíf darjah awwal ke-dard-i-sir shadíd
shurú hotá hai, aur ghaflat pahlí sí nahín hotí, aur pahle kí nisbat
dam zará ásání sc áne lagtá hai, lekin jald aur muztarib. Nabz
qawwí aur sakht aur sareh, aur zubán khárdár hotí hai, aur us par
gandum gún mail jam játá hai, aur bich men khushk hotí hai,
tishnagí ghálib, aur aksar istafrágh hotá hai, pesháb niháyat rangín
lekin sáf hotá hai, aur rodah is hál men bhí afsúrdah rahte hain,
bád rahne is hálat ke kuch ərsah tak pasíná awwal peshání par
numáyán hotá hai, aur bad azán tamám badan par khul kar átá
hai, aur us waqt tamám alámateñ taklíf dihandah hálat sábiq kí
rasa ho játí hain, aur sáns aur daurah khún waghairah hálat aslí
par á játá hai, is mauqa par gurdon men pesháb paidá hone lagtá
hai, aur us men nisbat māmúl ke ziyádah shoriyat hotí hai, is
qadar ki agar usko ٹhangá karen to us men bahut sá dard baith
játá hai, zubán sáf sí ho játí hai, aur agar yih árzah jadíd ho to súrat
chehra kí bahyyat aslí ájútí hai, aur agar bímári muddat kí ho,
to hálat waqṣa men koí alámat bilkul sihat ke hásil hone kí nahín
pái játí.

Maáljah.—Agar yih marz thore dinon ká ho aur ám sihat men
maríz kí kisí tarah ká bahut nuqsán na ho to bád kholne antariyon
ke bazariyah páñch grain calomel aur tís grain jalap yá káládánah
ke dena quinine bilá tawaqqúf shurú karen aur isko do yá tín
ghanṭe ke bád bar waqt na hone bukhár ke dete rahan. Maiñ tákíd
se salah detá hún dene hab hái dáṣa bukhár marqúmat-uz-zail ke jo
ki saikron Hindustání marízon ko dí gaí hain katkaranjá yáne
karanjwa tín grain, siyah mirchi ek grain, hing ek grain, ek yá do in
goliyon men kí din bhar men tín waqt dí jáwen. Baz tabíb dená
katkaranja ká bamiqdár áth yá das grain quinine ke hamrah ek
púrī mautad laudánum ke qabal az shurú hone daurch bukhár ke
bahtar jánté hain aur quinine is dawá se pahle nahín dete. Aur

barks have also been given in ague. Narcotine has been highly extolled. The metallic tonics also, as the sulphates of copper, iron and zinc ; the liquor arsenicalis or "Fowler's solution" has succeeded in cases where other means have failed. Should the case however be one of long standing, and have injured the functions of the several important organs, particularly those of the abdomen, should there be tenderness of the hypochondria, sluggishness of the bowels, muddiness of the skin, yellowness of the conjunctivæ, the urine depositing a lateritious sediment, even during the intermission, before giving the quinine, the bowels must be well cleaned out, and the liver and intestines must be stimulated to a healthier action. The diet during the intermission should be light and nutritious. With respect to the treatment during the paroxysm, at the *commencement* of the fit, some recommend an emetic, some a purgative, some the warm bath, and others, the free use of the lancet during the cold stage, a stimulating draught of camphor mixture with æther and opium, bland warm drinks should be given, nothing better than plain barley or congee water. In the *hot stage*, some of the bed clothes should be removed, and cooling drinks be given, such as lemonade, or the common imperial drink : the patient may be sponged all over with cold water and vinegar, or he may have a couple of mussocks of cold water poured over him, and then be well dried. Antimonial wine or powder may be given every two or three hours, whilst the heat lasts. When there is violent reaction, blood-letting is necessary. In the *sweating stage*, no medicines are necessary, but the greatest care must be taken that the patient is not suddenly chilled.

Questions.

- Describe the different species or types of intermittent fever ?
- Describe the symptoms of the three stages in succession, as they usually occur ?
- In a recent case of intermittent fever, what treatment should you adopt ?

qism ke astringent barks, yane qábiz chhálen bhí tap larzah ke naubat men dí gaí hain. Narcotine yane adwiyah muskarát bhí is marz ke liye niháyat pasand kí gaí hain. Mádaní adwiyah muqawwí bhí misl sulphate of copper, loha aur zinc, ke pasundídeh hain, liquor arsenicalis yá Fowler's solution aksar marízon par muſíd pará hai, jahán ki aur ıláj qásir rahe hain. Agar marz derínah ho gayá ho aur us ne aksar azáe raísá kí táqaton ko ghatá diyá ho khasúsan quwwat shikam ko, aur agar hypochondria yane kohk men amáo aur ánton men sustí aur tígí jild aur zardí conjunctivæ men ho, aur pesháb men ek dard bhí baiṭhá ho, daráñhálíki bukhár bhí na ho to qabl az dene quinine ke rodon ká sáf karná zarúr hai, aur kabid aur ánton ko aisí tahrík deñ ki apní harkat basihat o durustí karne lagen, aur darmiyán waqfah is bímrí ke maríz ko ghizá muláyam aur muqawwí dená munásib hai, baliház maáljah ke ágház naubat men baze tabíb adwiyah muqawwí aur baze mushil aur baze garm pání se ghusl aur baze ziyádatí se lene khún ko darmiyán darjah sardí ke munásib jánte hain, baze ek mufarríh jarah camphor mixture shámil o sáth æther aur opium ke tajwíz karte hain. Latíf garm píne kí chízen dení cháhiyen, kuchh chíz bihtar nahín hai banisbat ásh i jau yá cháwal ke pání ke. Darjah garmí men kuchh kapڑe bistar ke haṭá diye jáwen, aur ashurbah bárid dí jáwey misl sharbat limon yá us sharbat ke jo bantá hai. Maríz ká tamám jism bazariah sponge nam kiyá já saktá hal áb i sard aur sirke se, yá uske úpar do mashkeñ áb i sard kí chhoren, aur bäd iske uská jism baikhúbí khushk karen. Antimonial wine yá antimonial powder do do yá tín tín ghanṭe bäd de sakte hain jab tak ki garmí rahe. Jab ki marz basakhtí dobáre wud kare to khún lená zarúr hai. Bích darjah pasínah ke adwiyat kí kuchh zarúrat nahín, lekin niháyat ahtiyát malhúz rahe ki maríz dafatan ṭhándá na ho jáwe.

Sawálát.

Bayán karo mukhtalif aqsám aur alámateñ tap-i-naubat kí ?

Bayán karo alámateñ un tín darjon kí batartíb jis tarah ki wuk aksar wáqqa hotí hain ?

Agar tap naubat thore dinon se átí ho to kyá ıláj karen ?

If the disease should be one of long standing, and the functions of the most important organs deranged, what should you then do ?

FEBRIS REMITTENS; REMITTENT FEVER.

Symptoms.—The paroxysm of remittent fever commences with symptoms very like those of intermittent fever, viz., languors, lassitude, depression of spirits, a feeling of cold running down the back, and dull pain in the head: to these symptoms soon succeed delirium, nausea, vomiting, generally of bilious matter ; sense of pain at the epigastrium and hypochondria ; symptoms of pulmonary congestion, as dyspnoea, with a feeling of oppression at the chest, and some cough, a livid color of the countenance ; pulse, and heat of the skin very variable, sometimes frequent and full; at other times, even during the delirium, it is little above the natural standard. The tongue is never natural, at first it is white, afterwards becomes dry in the centre, and at length its entire surface becomes covered with a dry fur; it sometimes puts on a glazed and red appearance. The urine is generally high colored, and deposits occasionally a lateritious sediment. The remissions generally occur in the morning, and in general, the principal exacerbation occurs towards the evening, which continues for the principal part of the night. To distinguish intermittent from remittent fever, should you find a *perfect* intermission, it is ague: if it be *imperfect*, it is called remittent fever.

To distinguish remittent from hectic fever; hectic fever is accompanied by obvious suppuration and a florid hue, entirely different from the livid or sallow hue of remittent fever. Remittent fever is characterized by a yellowish skin, nausea and sickness, sense of weight at the pit of the stomach, thick fur on the tongue, and a lateritious sediment in the urine, whereas in the hectic fever, the sediment is of a pink colour: the violent delirium so common in remittent fever, is very rare in hectic.

Treatment.—In the early stage of the disease, when the pulse is full and strong, the skin burning hot, the eyes suffused, coun-

Agar yih bímári muddat ki ho aur quwwat azái rásah záil ho gaí ho tab kyá karná cháhiye ?

FEBRIS REMITTENS; YANE BÁRÍ KÍ TAP.

Alámaten.—Naubattap-i-remittent kí shurú hotí hai sáth alámaton ke jo ki bahut mushábah hotí hain, intermittent fever, yane tap-i-naubat se, yane naqáhat aur kasal-i-azá aur sustí-i-hawás aur malum honá sardí ká utarte hue pusht par aur khafí dard sir. Bad in alámaton ke fauran hizyán aur málish-i-dil aur istasfarág sufrah ámez aksar hotá hai, aur malum honá dard ká epigastrium yane bálá medeh aur hypochondria yane zer kokh. Alámatey balghamí ijtamá-i-khún kí phepre men misal charhne dam ke, aur malum honá tangí ká sínah men, aur filjumlah khánsí aur nílgún honá chehra ke rang ká, nabz aur harárat jild kí bahut badaltí rahtí hai, nabz baze waqt tez aur mumtalí, aur baze waqt hálat hizyán men bhí hyyat aslí se kuchh hí ziyádah hotí hai. Zubán kabhí hálat-i-aslí par nahín hotí, pahle wuh sufed hotí hai, bad izán wast men khushk ho játí hai, aur ákhirkár uske tamám satah khushk kántron se chhip játá hai, aur baze waqt uskí rangat chamaktí huí aur surkh ho játí hai, pesháb aksar niháyat surkh hotá hai, aur kabhí kabhí usmen ek dard jamtá hai ifáqah is marz men aksar subah ke waqt wáqá hotá hai, aur ziyádatí amúman shám ke waqt hotí hai, aur yih ziyádatí-i-marz bahut rát gae tak rahtí hai. Shanákht intermittent yane tap-i-naubat aur remittent fever ki yih hai, ki agar ifáqah bad bukhár ke kámil ho to usko tap larzáh kahte hain, aur agar ghair kámil ho to wuh tap-i-remittent kahlátí hai.

Aur farq darmiyán tap-i-remittent aur hectic fever, yane tap-i-diq ke yih hotá hai ki tap-i-diq sáth záhirá pakáo aur surkhí ke hotí hai bilkul mukhtalif rang nílgún yá zard rang tap-i-remittent se. Tap-i-remittent men jild badan kí máyal bazardí hojátí hai, aur málish-i-dil aur mándgí aur malum honá siqalát ká sam-i-medeh par aur hajum kántron ká zabán par aur baihná durd ká pesháb men hotá hai, barkhiláf iske ki hectic fever yane tap-i-diq men rang durd ká náfarmání hotá hai, aur sakht hiziyán jo ki aksar tap-i-remittent men hotá hai tap-i-diq men bahut kam hotá hai.

Maáljah.—Awwal darjah men is bímári ke jab nabz mumtalí aur qawí hotí hai, aur jild garam jaltí huí aur ánkhen munqashir, aur

tenance flushed, intense pain in the head, immediate and full venesection is indispensable ; should the first bleeding make no impression on the pulse, it should be repeated in eight or ten hours. Should you not have seen the patient till after the third or fourth day of the disease, the greatest caution must be adopted with regard to bleeding. Local bleeding by cupping or leeches will always be proper ; when there are symptoms of congestion or inflammation, the blood is to be taken from the vicinity of the organ affected. This should be followed up by copious purging, a powder of calomel and jalap being one of the best you can give. If the disease still appears disinclined to yield, the mercurial plan must be adopted without delay, but further bleeding is generally unnecessary and hurtful. Five grains of calomel, with or without opium according to the state of the stomach and bowels, are then to be given in a little syrup or jelly, and repeated every two or three hours, according to the urgency of the symptoms, and the degree of danger apprehended. Thirty or forty grains have generally produced salivation ; when this happens, all alarming symptoms disappear. A saline effervescing draught, with eight or ten minimis of tincture of henbane, is very efficacious in allaying the distressing sickness. Sponging the body with cold water and vinegar is useful in allaying the pungent heat of the skin. Cold applications also to the head, if there should be heat or pain there, will afford great relief ; a bladder filled with pounded ice is the most convenient form. During the febrile state, the diet must be restricted to the lightest and most cooling diluents, such as ice water, tamarind tea, lemonade, &c.

During convalescence, and after recovery, strict attention to the bowels and the diet, must be paid ; change of air, mild tonics, and light nutritious food, are of the utmost importance.

Questions.

Describe the symptoms of remittent fever ?

How do you distinguish remittent from intermittent fever ; and remittent from hectic fever ?

In the early stage of the disease, what is the proper treatment to be followed ?

chehra tamtamáyá huá aur dard-i-sir shadid to fauran achchí tarah khún lená zarúriyat se hai, aur agar pahlí fasd kuchh asar nabz ki tezí par na kare to áth yá das ghanṭe bād mukarrar fasd líjáwe. Agar tum ne maríz ko bād láhaq hone bímári ke tín yá chár din tak nahín dekhá hai to barí ihtiyát malhúz rakhní cháhiye baliház fasd ke. Tanqiya khás pachhno yá jonkon se hameshah munásib hogá, aur jab ki alámaten jamá hone khún yá sozish kí namúdar hon to us azu ke qaríb se jis men khálal ho khún lená cháhiye aur bād iske bare bare julláb diye jáwen, ek powder calomel aur jalap ke niháyat bahtar hai. Agar isse bhí marz ko ifaqat na ho to bilá tákhir dená páre ká ikhtiyár karen, lekin ziyádah barín khún lená aksar auqát muzhir hai. Is súrat men pánch grain calomel hamráh opium yá baghair opium hash hálat medeh aur rodop ke thore se shírah yá jelly men diyá jáwe aur bamújib zarúrat alámaton aur darjah andeshe ke do do, tíu tín ghanṭe bād yih dawá mukarrar aur mutawátir dewen. Tís yá chális grain dene se aksar munh ájátá hai, aur jab ki yih wáqá hotá hai to tamám alámaten bād rafá hojátí hain, ek saline effervescing yané ek namkín unction mautád sáth áth yá das qatrah tincture henbane ke waste kam karne taklifat árzah ke bahut asar rakhtá hai.

Sponge karná jism ká áb-i-sard aur sirka se wáste kam karne harárat shadid jild ke bahut mufid hai, aur agar sir men garmí aur dard malúm hotá ho to sard chizon ká sir par lagáná bhí bahut tiskín detá hai ek phukná bhará huá kúte hue barf ká niháyat munásib tarkíb hai. Darmiyán darjah harárat ke cháhiye ki ghizá niháyat darjah kí sard karne wáli raqíq chízon ke ho misl áb-i-barf aur áb-i-tamarind yané ımlí aur sharbat límon wághairoq ke. Asnái naqáhat men aur bād sihat yábí ke rodeh aur ghizá kí taraf niháyat tawajjah malhúz rahe; tabdil-i-hawá aur halkí adwiyah muqawwí aur subuk táqat baikhsh ghizáen niháyat fáidahmand hoti hain.

Sawálát.

Alámaten tap-i-remittent ki kyá hain?

Kis tarah tamíz karte ho darmiyán tap-i-remittent aur tap-i-naubat ke, aur darmiyán tap-i-remittent aur tap-i-diq ke?

Ibtidáe darjah bímári mazkúr men konsá iláj munásib ámal men láná cháhiye?

Should you not have seen the patient till after the third or fourth day, what should you then do ?

What effect has salivation on the patient ?

FEBRIS TYPHOID; TYPHUS FEVER.

There are two varieties of typhus, the typhus mitior or mild form, and the typhus gravior, or malignant form.

Symptoms.—At first the patient is seized with languor, dejection of spirits, great debility and loss of muscular strength, universal weariness and soreness, pains in the head, back, and extremities, rigors, the eyes appear full, heavy, yellowish, and often a little inflamed; the temporal arteries throb; the tongue is covered with a brownish coloured mucus, which soon becomes dry and parched, the proper taste is lost, the respiration is commonly laborious and interrupted with deep sighing, the breath is offensive and hot, the bowels costive; the urine natural or pale, the pulse is frequent, small, hard and fluttering, the slightest thing causing it to become very rapid and unequal. There is sometimes a great load, feeling of heat and oppression of the stomach, and frequently bilious vomitings. As the disease advances, the pulse increases in frequency. There is now great debility, and great heat and dryness of the skin, oppression of the heart, with anxiety, sighing, and moaning; the thirst is generally moderate, and the tongue, gums, teeth, mouth and lips are covered with a brown or blackish fur; the speech becomes inarticulate, scarcely intelligible, the patient consequently mutters, and is mostly very delirious. The fever continuing to increase still more in violence, symptoms of putrefaction show themselves; the breath becomes highly offensive, the urine deposits a black and foetid sediment, the stools are dark, offensive and pass involuntarily; haemorrhages issue from the gums, nostrils, mouth, and other parts of the body. Purpuræ or livid spots appear on the body, the pulse intermits and sinks; the extremities become cold, hiccuphough ensues, and the patient dies.

Treatment.—At the commencement of the disease, if the patient should be of a full habit of body and young, bleeding from the arm in a full stream until fainting is produced, will afford

Agar tum ne maríz ko túń yá chár din bád tak nahíñ dekhá hai
tab tum ko kyá karná cháhíye?

Kyá asar rakhtá hai áná muñh ká maríz par ?

FEBRIS TYPHOID ; YANE TYPHUS FEVER.

Tap-i-typhus kí do qism hotí hain, yane typhus khass aur typhus shadíd.

Alámaten.—Maríz par awwal sustí aur udásí aur nátawání aur nuqs-i-quwáe rag-o-puþhe, aur dard, aur mán̄dgí tamám azái ke, aur dard sir, aur dard kamar, aur dard dast-o-pá, aur larzah táří hotá hai, áñkheñ bharí huí, aur bhári, aur zardí máyal, aur aksar sozish álúd ho játí hain, aur shiryáñ sudágh dharaaktí hain, zubán sáth ek bhúre se rang ke luáb ke qhak játí hai, jo luáb ki jald khushk ho játá hai záiqah muñh ká bigar játá hai, dam aksar diqqat se átā hai aur uske sáth maríz áh sard bhartá hai, aur sáps búdár aur garam hotá hai, áñteñ munqabiz, pesháb bahálat-i-aslí yá zard, nabz saríh aur bárik aur saķht aur muztar hotí hain, halkí sí halkí chíz use tezrau, aur muztar, aur náhamwár kar detí hain. Is marz men maríz ko aksar auqát bařá bár rahtá hai aur badan men harárat aur bojh sá málum hotá hai, aur pit ámez qai átí hain. Jon jon bímári barhtí hain, súrat nabz kí ziyádah hotí játí hain. Is hálat men maríz ko baří nátawání ho játí hain, aur baří garmí aur khushkí jild kí aur dil par fikar, aur taraddud, aur áh sard aur gham se bařá sadmá guzartá hain, píyás aksar átidál par hotí hain, aur zubán, aur masúre, aur dáñt, aur muñh, aur hon̄ton par, bhúre yá siyáhí máyal khár ho játe hain, aur maríz alfáz jo ki mushkil se samajh men áwen boltá hain, aur islíye bařhbarhátá hain, aur aksar usko niháyat hizyán hotá hain, aur jab ki tap ziyádahtar saķht ho játí hain alámateñ sařh jáne kí záhir hotí hain, dam niháyat mutaaffin ho játá hain, pesháb men ek siyáh aur badbúdár durd baiħtá hain, aur dast siyáh aur badbú ke hote hain, aur khud baķhud nikal játe hain, aur masúron, aur nathnóñ aur muñh aur ajzái jism se khún jári hotá hain. Níle dhabbe jism par záhir ho játe hain, nabz mutuwaqqif aur niháyat zaíf ho játí hain, háth páwñ sard ho játe hain, hichkiyáñ shurú ho játí hain, aur maríz mar játá hain.

Maqájah.—Ibtidái bímári mazkúr men bashartíki maríz tawána aur jawán ho, khún ká lená bázú se jab tak us par zauf o ghashí áyad ho bahut mufid hogá, lekin nátawán jism marízor ke liye

great relief, but this treatment is not proper in impaired constitutions, or in any stage of the malignant form. This should be followed up by an emetic, an opiate, and a cordial diaphoretic; pouring cold water over the head and body from a height has often checked the disease at the commencement, but this remedy should not be used after the first three days, as it is too exhausting. The bowels ought to be moved by castor oil or Gregory's powder, in order that no acrid matter may be lodged in them. The surface of the body should be frequently sponged with cold water and vinegar. Should there be tendency to any local inflammation, this must be reduced by the judicious use of leeches, blisters, and spirituous lotions, after which the sulphate of quinine should be administered, according to the strength of the individual. Acids of all kinds and acidulous drinks are of great use in typhus, as they allay the heat, tranquillize the restlessness, support the strength, and oppose the tendency to putrefaction. Wine must be given with the greatest caution, and the quantity gradually increased, otherwise the stimulus would produce exhaustion, and increased torpidity. Great attention must be paid to the state of the bowels; when sufficiently evacuated, broth and jellies may alternately be allowed: his bed clothes should be light and frequently changed as well as his body linen: his evacuations of every kind should be immediately removed, and above all things, his bed-room be freely ventilated, and if the patients be numerous fumigation with chlorine gas should not be neglected. As the disease is of a highly infectious character, the individual affected should be removed from his family or associates, as soon as possible, and all communication with his attendants to be as little as possible.

Questions.

How many varieties of typhus fever are there, and what are they called ?

What are the symptoms at the commencement of the disease ?

As the disease advances, what further symptoms arise ?

At the commencement of the disease, what treatment should you adopt ?

What effect have acids on the disease ?

Is the disease considered infectious ?

yá kisí darjah men is tap ke dúsri qism ke yih iláj munásib nahín hai. Bäd iske adwiyah muqawwi aur adwiyah khwábawar aur musarrab-ul-qalab aur pasinah lánewálí dí jáwen, aur áb i sard ki ek dhár bulandí se sir aur jism par dálne aur tarere ne aksar is bímári ko ágház men rok diyá hai, lekin yih iláj kám men láná nahín cháhiye bäd awwal tím din ke, kyunki yih iláj niháyat zaíf aur khálí kar denewálá hai. Rodeh castor oil yane arandí ke tel aur Gregory's powder se síf kí jáwen, taki koí mawád tursh-o-talakh un men na rah jáwe, satah jism ká aksar bazarih sponge nam kiyá jáwe áb i sard aur sirkah se. Agar kisí muqám par sozish sí malum howe, to wuh ghatá dí jáwe sáth munásib istamál joñkon aur blistarón aur spirituous lotions ke, aur bäd iske sulphate of quinine bamújib táqat maríz ke dí jáwe. Hamúziyát tamám qism ki aur ashurbah tursh tap typhus men niháyat mufid hote hain, kyunki weh harárat ko kam karte hain, aur iztaráb o be-árámí ko fáidah bakhshte hain, táqat ko thámte hain, aur bo-sídgi aur sarjáne ko rokte hain. Sharáb soch o samájh kar dení cháhiye, aur miqdár iskí batadríj ziyádah kí jáwe, aur dar súrat ádam ahtiyát o nátáqatí aur garmí ziyádah karegí. Hálat rodeh par barí tawajjah masrúf rakhní cháhiye, jab ki weh bakhúbí khálí ho gae hain. Yaķní aur jellies ki bári bári se ijázat dí jáwe, maríz ká bistar sabak honá cháhiye, balki bistar aur uske badan ke kapre aksar badalne cháhiyen, uske dast aur qai waghairah fauran hatá dene cháhiyen, aur in sab se ziyádah yih bát malhúz rahe ki uske bistargáh men bahut hawá átí rahe, aur agar bímári bahut hon to chlorine gas jaláne aur uske dhuyen kí khushbú pahuncháne men tagháful na karen. Chúñki yih bímári niháyat mutadí hai, to maríz ko uske khándán yá aur rafqá men se hatíulwasá jald alag kar dená cháhiye, aur uske bímárdáron se bhí hatíulimkán ámad-o-raft kam kar dení cháhiye.

Sawálát.

- Kitne aqsám tap typhus ke hain, aur wuh kyá kahláe játe hain ?
- Kyá hain wuh alámateñ jo ki is bímári ke shurú men hotí hain ?
- Jún jún bímári baṛhtí játí hai kyá ziyádahtar alámateñ paidá hotí hain ?
- Shurú marz men kyá iláj karná cháhiye ?
- Hamuziyát is bímári men kyá tásír rakhte hain ?
- Kyá is bímári ko mutadí khyál karte hain ?

GASTRITIS; INFLAMMATION OF THE STOMACH.

Symptoms.—Pain in the pit of the stomach, increased by pressure, so that the slightest, the weight of the bed clothes, or any muscular effort will cause distress; a burning thirst, and a desire for cold drinks, the fluid when swallowed, almost instantly ejected by vomiting; constant nausea, and disposition to vomit; a sensation of burning often extending from the oesophagus to the pharynx; hiccup; heat in the epigastric region, sometimes very great, whilst the extremities are cold. The tongue is generally red at the tip and edge; when the disease has been of long standing, it is observed to be red, glazed, and smooth. The breathing anxious and difficult; pulse quick, small and hard; the bowels constipated; great prostration of strength; countenance very anxious, and the patient is restless and complains much. Acute gastritis if not quickly subdued, soon proves fatal. It is produced by many causes, such as cold applied to the body when heated, or to the inner surface of the stomach when the body is overheated, as eating an ice or drinking iced water, causing at times sudden death; at other times the sudden cessation of gout in an extremity has produced the disease; a stone passing from the kidney has also caused it; great grief or great fatigue has sometimes produced it; it is also easily produced by acrid matter taken into the stomach, such as corrosive sublimate, cantharides, or the mineral acids in large doses.

Treatment.—In the acute form just described, you must first endeavor to discover the cause of the disease. If it arises from poison, you must neutralize it if possible, or use the stomach pump, but if you have not one at hand, employ emetics. If the disease arises from simple cold, you must first bleed generally, regulating it by the strength of the patient, and the state of the pulse; then apply leeches to the pit of the stomach, the number being regulated by the age and strength of the patient; the bowels are to be kept open by enemas. Give cold drinks, either pure ice water or lemonade, consulting the patient's feelings in this matter; avoid giving the slightest stimulant. When the patient

GASTRITIS ; YĀNE SOZISH MEDEH.

Alámaten.—Fum-i-medeh men dard hotá hai, aur dabáne se ziyádah ho játá hai, hattá ki zará se chhúne aur bár párcheh bistar, yá kísí puṭṭhe kí harkat se bahut taklíf hotí hai; tishnágí kamál, aur khwáhish ashrubah sard kí ho játí hai, aur maríz jo kuchh pítá hai fauran qai kar detá hai, hameshah ghisyán aur tabiat máyal baistafarágí rahtí hai. Malúm honá sozish ká jo ki aksar phailtí hai œsophagus yane hulqúm se pharynx yane mure tak, aur hichkiyán átí hain aur bálá-i-medeh garmí hotí hai jo ki baze waqt bahut ziyádah hojátí hai us hálat men háth páyw sard rahte hain, zubán aksar auqát nok aur kinároṇ ke pás se surkh hotí hai. Jab ki is bímrí ko muddat guzar gaí hai to zubán surkh aur tábindéh aur shaffáf dekhí gáí hai, aur tanaffús pareshán aur dushwár hotá hai, nabz tez aur bárík aur sakht, rodeh munqabiz rahte hain, aur táqat záyal hojátí hai, chehreh par maríz ke bahut tashwísh páj játí hai, aur wuh bahut beqarár aur shákí rahtá hai. Agar sozish shadíd medeh ká fauran dafá ná ho to wuh jald már dáltá hai. Yih marz chand báison se paidá hotá hai, maslan asar honesardí ke jism par jabki badan garam ho, yá pahunchne se sardí ke satah medeh men jab ki jism ziyádah garm ho, misl kháue baraf yá píne baraf ke pání ke jis ke sabáb admí kabhí kabhí dafatan marjátá hai aur báz waqt basabab dafatan ṭhahar jáne marz niqras ke níche ke badan men, yih ərzah paidá ho gayá hai. Basabab utarne sang rezah ke gurdah se bhí yih bímrí ho játí hai, aur ranj əzím aur barí koft, aur thakáwaṭ men bhí is bímrí ko paidá kiyá hai, aur aisá bhí huá hai ki basabab medeh men jánc tursh chízon ke misl corrosive sublimate, teliní makkhí yá bare mau-tádon tezáboṇ módoní ke yih marz baásání paidá huá hai.

Muṭlajah.—Is bímrí kí qism shadíd men jiská zikar abhí ho chukán hai, awwal cháhiye ki bájs bímrí kádaryáft karen. Agar wuh zahar se paidá huí ho to cháhiye ki use bashart imkán nikálen, yá stomach pump kám men láweṇ, aur agar yih əlah maujúd ná ho, to adwiyah qaiawar den. Agar bímrí mazkúr paidá huí hai sirf sardí se, to awwal tanqíyah əm fasd se karná cháhiye, bamujib táqat maríz aur hálat-i-nabz ke; bád iske jokeṇ fam-i-medeh par lagáwen, magar tādád unkí bamujib ȳmr aur táqat maríz ke ho. Rodeh khole-jáweṇ sáth pichkári ke. Ashrúbeh sard yá khális áb-i-barf yá sharbat limon dewen, magar is báb men maríz kí khwáhish púchhí jáwe. Dene se halkí se halkí muharrik dawá ke ahtaráz rahe, Jab ki maríz ko

is convalescent, the return to diet must be carefully regulated and should consist chiefly of farinaceous substances, with mild broths.

Symptoms of chronic Gastritis.—These are the same as in the acute form, but less severe.

Treatment.—This should consist chiefly in strict attention to diet and regimen, avoiding all stimulants, and applying a few leeches occasionally to the pit of the stomach, and sometimes blisters, or tartar emetic ointment; the bowels to be kept open by enemas.

Questions.

What are the symptoms of acute gastritis ?

Name some of the causes that induce this disease ?

What treatment should you adopt in acute gastritis ?

What are the symptoms of chronic gastritis ?

What treatment ought you to adopt in chronic gastritis ?

GONORRHEA.

Gonorrhœa is a specific inflammation of the mucous membrane of the urethra, with a mucopurulent discharge peculiar to the disease, and is of a purely local nature.

Symptoms.—It follows “coitus” at different distances of time, generally earlier when it is a first attack, it is then also much more severe. It may commence in a few hours after, by the patient feeling a peculiar sensation at the external opening of the urethra, of a tingling nature; next there is a frequent inclination to make water, soon accompanied with a scalding pain, then a discharge of thin mucous. The desire to void the urine now becomes incessant, the pain in making it most acute, and a disagreeable itching is felt in the perineum, and about the anus. After making water severe pain darts along the urethra under the pubes to the bladder, and considerable tenderness is felt in the groins and testicles and pain in the perineum. The penis is now much swollen, particularly the prepuce and glands. During the night time, the penis has a constant disposition to erect, assumes a curved shape, and is acutely painful, this is called “chordee;” the patient gets out of bed very often, either to

İfáqat hásil ho ghizá niháyat ahtiyát se hasb qáide dení cháhiye aur cháhiye ki ghizá-i-mushtamil ho, aksarraqiq o muqawwí ashiyá se sáth halke shurbáon ke.

Alámateñ sozish-i-kohneh medeh kí.—Yih alámateñ hain waisí hí jaisí ki qism shadíd men hotí hain, lekin waisí sakht nahín hotín.

Maáljah.—Cháhiye ki is men aksar liház ghizá aur parhez ká niháyat malhúz rahe, aur kisí qism kí muharrik chízen na den aur chand jonkeñ kabhí kabhí sam-i-medeh par aur baze waqt blister, yá marham tartar emetic lagáwen; aur rodeh bazariah pichkári ke kholdi jáwen.

Sawálát.

Kyá hain alámateñ sozish shadíd medeh kí?

Bayán karo baze un báison ko jo ki sabab paidá hone is bímrí ke hote hain?

Kyá maáljah iktiyár karná cháhiye sozish shadíd medeh men?

Kyá hain alámateñ sozish kohneh medeh kí?

Kyá maáljah karná cháhiye sozish kohneh medeh men?

GONORRHÖA; YANE SOZÁK.

Is marz men us jhillí men jo ki mujrái boul men hai, sozish ho játí hai, sáth ikráj-i-rímdár mawád fásid ke jo ki khástan is bímrí ke liye hai, aur muqám-i-marz hí se nikaltá hai.

Alámateñ.—Yih marz bäd jimá ke jaldí yá bader magar aksar auqát jald wáqa hotá hai, jis súrat men ki yih marz pahle pahal wáqa hotá hai, to wuh ziyádah sakht hotá hai, baze waqt wuh shurú hotá hai chand ghanṭe bäd jimá ke, aur maríz ko malúm detí hai ek khás qism kí khalaish munh par niyázah ke, bäd iske aksar ahtibás pesháb ká hotá hai, aur fauran bäd iske sozish ke sáth dard hotá hai, aur tab ikráj raqiq rím ká hotá hai. Is hálat men hájat rafa karne boul kí dambadam hotí hai, aur uske karne men dard niháyat shadíd hotá hai, aur perinæum yane síwan men aur gird miqad ke ek khárish napasandídah malúm hotí hai. Bäd pesháb karne ke dard shadíd tamám ráh pesháb men níche se muqám dahan masánah tak chabak mártí hai, aur chaddon aur baizon aur síwan men chhúne se taklíf hotí hai. Is hálat men üzv tanásul bahut súj játá hai, khasúsan muqám qulsah aur ghadúd. Rát ke waqt üzv tanásul men istádgí rahtí hai, aur khámí ho játí hai, aur us men dard shadíd hotá hai, aur is hálat ko chordee kahte hain.

subdue this state, or to make water. The discharge is now very copious, of a thick consistence, and a greenish color. This may be considered the first stage of the disease, and should be treated actively. If remedial means have not been employed, the preceding symptoms continue commonly for ten or twelve days, the inclination to make water and the scalding begin to abate; the swelling of the penis, and the disposition to erect, decreases; the discharge is of a whiter hue and thicker consistence, and flows more copiously. This state continues for some days, then the symptoms become progressively milder, until the scalding and chordee cease, and the discharge changes to a glary fluid, which, with the inability to retain the urine for the same length of time as in health, constitutes "gleet."

Treatment.—In the first stage leeches should be applied to the urethral aspect of the penis from the frænum to the anus, then warm fomentations and the hip bath, perfect rest, low diet, diuretic and mucilaginous drinks, such as linseed tea, barley or congee water, should be drank in large quantities, assisted with saline aperients and the mixture aqua potassæ. Before retiring to rest, the penis should be bound down on the perinæum, with a piece of linen cloth interposed, in order to prevent chordee, and an opiate of hyoscyamus and half a grain of extract of belladonna inserted into the anus: some prefer three grains of camphor, forty drops of laudanum, and one ounce of water in form of a draught, to be taken at bed time. A suspensory bandage must be worn day and night. In the second stage, that is, when the scalding begins to abate, a drachm of powdered cubeb, mixed with a scruple of balsam copaibæ, should be mixed thoroughly in an ounce of mucilage of gum arabic, and given at first twice, then thrice, four and five times a day, if the stomach will retain it; this will generally check the disease in a few days, but the medicine should be continued for a few days longer, diminishing the dose very gradually. Stimulants of every kind must be strictly avoided, but if the patient cannot or will not do without something of the sort, good sherry or weak gin and water will be found the least irritative.

Maríz aksar anqát bistar se ughtá hai, khwá wáste kam karne is hálat ke, yá pesháb karne ke. Ab ikráj-i-mawád bakasrat hotá hai, aur wuh gárhá aur sabzí máil hotá hai. Yih pahlá darjah is bímári ká hai, aur cháhiye ki iská bandobast chustí se kiyá jáwe. Agar maáljah ámal men nahín áyá hai, to alámateñ marqúmah báli amúman jári rahtí hain wáste das yá bárah din ke. Khwáhish pesháb karne kí aur sozish kam honí shurú hotí hai, aur sújan üzv tanásul kí aur dard aur istádgí kam ho játí hai, mawád kí rangat kuchh sufed ho játí hai, aur wuh ziyádah gárhá ho játá hai, aur ziyádah ifrát se nikaltá hai. Yih hálat chand roz tak rahtí hai, aur tab alámaton men farq par játá hai, táwaqtíki sozish aur istádgí mauquf ho játí hai, aur mawád men shafáfi á játí hai, aur maríz pesháb ko is ársah tak rok nahín saktá jaisá ki sihat men rok saktá thá, aur usko jiryán maní kahte hain.

Maáljah.—Darjah awwal men cháhiye ki jonken muqám frénum se miqád tak síwan men lagáí jáwen, bádhú senkná aur kúle tak garm páni men baithná aur kisí qism ká harj na karná, aur kam ghizá par rahná munásib hai, aur adwiyah mudir aur luábdár ashurbah, aur inkí madad ke liye namkín adwiyah mulayyan aur mixture of liquor potassæ dewen, qabl az sone ke cháhiye ki üzv tanásul bándhá jáwe síwan par sáth ek tukre párchah malmal ke wáste rokne istádgí aur dard ke. Aur ek dawáí khwábáwar misl hyoscyamus aur nisf grain extract of belladonna ke andar miqád ke rakkí jáwe, báze munásib jánte hain tín grain kásfúr aur chálís qatrah laudanum, aur ek ounce páni bataur tabríd ke sote waqt piyá jáwe, ek bandish áwezán din rát rakkí jáwe. Darjah doyam men yane jab ki sozish shurú bakamí hotí hai ek drachm cubebs pisí huí makhlút sáth ek scruple balsam copaibæ ke cháhiye ki bulkul makhlút kí jáwe bích ek ounce luábdár samagh Árbí ke dí jáwe, awwal do dafah aur bád aizán tín aur chár aur pánch dafah ek din men bashartíki medeh use qabúl kare, yih aksar rokegá bímári mazkúr ko chand roz men, lekin cháhiye ki yih dawá jári rahe chand roz ziyádah, magar mautádeñ iskí kam kar dí jáwen. Tez dawáen har ek qism kí cháhiye ki na dí jáwen, lekin agar maríz nahín rah saktá hai baghair kisí is qism kí chíz ke, achhhí sharab sherry yá kamzor jin aur páni aur chízop se ziyádah kam khalish paidá karegá.

Questions.

What is the nature of the disease called gonorrhœa ?

Describe the symptoms which appear in the first stage of the disease ?

What are the symptoms of the second stage ?

What treatment should you adopt in the first stage ?

What treatment in the second stage ?

HŒMOPTYSIS ; SPITTING OF BLOOD.

This disease may occur under three forms; 1st, from the bronchial mucous membrane; 2nd, from pulmonary apoplexy, and 3rdly, from rupture of a blood vessel in a tubercular cavity of the lungs.

Symptoms of the first form.—This is the most common, and generally attacks women whose monthly discharges are deficient or entirely suppressed. It may also occur in men. It is preceded by cough, with more or less difficulty of breathing, the pulse is generally quick and bounding, the expectoration resembles red currant or putwah jelly, the discharge is sometimes copious, but generally moderate in quantity and very frothy.

Treatment of the first form.—Should the patient be plethoric, and there be signs of irregular determination of blood, venesection will be necessary. The patient should be kept in a recumbent position, perfectly quiet, and abstain from every thing stimulating: he should be placed in a large cool room, and the bowels frequently opened by saline purgatives. Should the bleeding still continue with a strong pulse, nauseating doses of tartar emetic should be given; after the congestion is removed, the sugar of lead, either with or without opium, should be given.

Symptoms of the second form.—There is chilliness, the extremities are cold, followed by flushes of heat and redness of the cheeks, headache, quick and hard pulse; palpitation and oppression of the heart, the discharge from the lungs attended with great difficulty of breathing, a feeling of suffocation in the chest, sometimes pain: the pulse is now frequent, full and vibrating.

Sawálát.

Ma᳚hsús sozák kyá hotá hai ?

Bayán karó alámateñ jo ki záhir hotí hain̄ darjah awwal bímári mazkúr men ?

Kyá hain̄ alámateñ darjah doyam kí ?

Kyá iláj i᳚htiyár karná cháhiye darjah awwal men ?

Kyá iláj darjah doyam men karen ?

HŒMOPTYSIS; YANE THÚKNÁ KHÚN KÁ.

Yih bímári wáqā ho saktí hai tín tarah par; awwal, bronchitis, yane us parde se jo ki arúq khishnah par hotá hai; doyam, pulmonary apoplexy, yane bhar jáne se khún ke phepre men, aur tísrí, phat jáne se kisí rag ke mutaliqah phepron ke.

Alámateñ.—Qism awwal kí yih bímári aksar áid hotí hai auraton ko jab ki ayám haiz men qasúr hai yá bilkul band ho gae hain. Yih marz mardon ko bhí ho saktá hai, iske pahle khánsí hotí hai aur dam kam o besh mushkil se átā hai, aur nabz aksar tez aur jihandah hotí hai, aur balgham mushábab hotá hai, surkh kakronde yá paṭwá jelly se, i᳚hráj khún baz waqt bahut kasrat se hotá hai, lekin aksar miqdár men baati dál aur kaf ámez hotá hai.

Ma᳚ljah qism awwal ká.—Agar maríz damwí Mizáj ho, aur alámateñ beqáidah thaharne khún kí maujúd hon, to fasd ká lená zarúr hai. Cháhiye ki maríz jhuká huá aur bilkul chupká letá rahá kare, aur parhez kare harek tez chíz se, aur bare sard makkán men rahe, aur rode aksar khole jáwen sáth namkín jullábon ke. Agar khún ká áná is par bhí járí rahe aur nabz qawí ho, to jí matláne wáli mautáden tartar emetic kí dí jáwen, bad iske ki thahrá huá khún phail jáwe, to sugar of lead khwá sáth opium ke yá baghair uske dená cháhiye.

Alámateñ qism doyam kí.—Is qism men badan men khun-kí rahtí hai, aur háth pánw sard hote hain, aur bad iske shuālah garmí ke uthte hain, aur surkhí rukhsáron kí, aur dard sir aur nabz tez aur sakht hotí hai, dharaṇá aur izzaráb-i-dil, aur i᳚hráj khún phepron se, aur iske sáth áná dam ká diqqat se, sur malum honá ghuṭná dam ká chháti men, aur base auqát dard rahtá hai. Is hálat men nabz sari aur mumtalí aur tapán hotí hai.

Treatment of the second form.—This must depend on the state of the lungs, age, constitution of the patient, and quantity of blood lost. Copious bleeding even to fainting, perfect rest, absolute silence, the wants of the patient must be conveyed by signs as far as practicable, cool air, nauseating doses of antimony: acidulated drinks, and sugar of lead in doses of two or three grains every third or fourth hour.

Symptoms and Treatment of the third form.—Will be described when speaking of phthisis.

Questions.

Describe the different forms under which the disease may occur?

What are the symptoms of the first form ?

What is the treatment to be followed in the first form ?

What are the symptoms and treatment of the second form ?

HÆMORRHOIDS; PILES.

Symptoms.—Sense of heat and pain at the rectum and in the loins, headache, giddiness, flatulence, feverishness, restless nights, scanty and high colored urine, with a frequent desire to void the urine and fœces: there is sometimes pain and bleeding when the patient has an evacuation.

Treatment.—Should the pulse be full and strong, you should bleed from the arm, and give two grains of calomel, with eight grains of James' powder at bed time, and on the following morning give a gentle saline aperient; let this be continued for two or three nights. When the piles proceed from costiveness, give an electuary of sulphur, cream of tartar, and the confection of senna. You should apply leeches and cold lotions to the rectum, keep the patient in the horizontal position, and if there should be bleeding from the rectum, apply an astringent ointment of powdered gall-nuts and opium; and if there be inflammation attending it, add some of Goulard's extract to it. The patient should always avoid eating indigestible food, and abstain entirely from spirituous and fermented liquors.

Question.

What are the symptoms and treatment of Hæmorrhoids ?

Maáljah qism doyam ká.—Yih cháhiye ki munhasir ho úpar hálat phepreh aur umr aur mízaj maríz, aur miqdár khún talf-i-shudah ke lená khún ká baifrát balki yahán tak ki ghashá jáwe, aur na karná kisi qism ke harj ká, aur rahná bilkul khámosh cháhiye, aur jahán tak aml men á sake ahtiyájt maríz rawá kar dí jáwen, ímái aur ishárah se, aur hawái sard, aur jí matlánewálí mautáden antimony ke, aur ashurbah tezábí aur sugar of lead bich mautádon do yá tín grain ke tín yá chár ghanṭe bad dí jáwen.

Alámateñ aur maáljah qism soyam ká likhá jáwegá barwaqt zikr árzah phthisis, yane bímári sil ke.

Sawálát.

Bayán karo muktalif aqsám jin men yih bímári wáqá ho saktí hai ?

Kyá hain alámateñ qism awwal kí ?

Kyá maáljah kiyá jáwe wáste qism awwal ke ?

Kyá hain alámateñ aur iláj qism doyam ke ?

HÖMORRHOIDS ; YANE BAWÁSÍR.

Alámateñ.—Malúm honá jalan aur dard ká miqad aur kamar men, aur dard sir, aur daurán sir aurnafkh aur harárat tap kí sí aur be-chain rahná rát ko, aur qalil aur niháyat tez rang áná pesháb ká sáth aksar ihtiyáj boul-o-baráz ke aur baze waqt honá dard ká, aur áná khún ká barwaqt ijábat ke alámateñ is marz kí hain.

Maáljah.—Agar nabz mumtalah aur qawí ho to bázú se fasd len, aur do grain calomel sáth át̄h grain James' powder ke sone ke waqt, aur dúsre din subah ko koí halkí namkín adwiyah mulayyan den aur is iláj ko járí rakhen do yá tín rát tak. Jab ki bawásír qabz se paidá ho to electuary of sulphur, yane gandak ká aur cream of tartar, aur confection yane halwá saná ká dewen. Aur tumhen cháhiye lagání joñken aur sard lotions miqad ko, aur rakhná maríz ko sídhá, aur agar miqad men se khún bhí átā ho to lagáná ek astrigent yane qábiz marham pisí húi gall-nut yane majú aur opium ká, aur agar uske sáth sozish bhí ho to shámil karná usmen thorá extract of Goulard mufid hogá. Bímár ko cháhiye ki hameshah parhez kare kháne se aisi ghizá ke jo ki qábil hazm hone kí na ho, aur baz rahe buri aur garam sharábon se.

Sawál.

Kyá hain alámateñ aur iláj bawásír ke ?

HEPATITIS; INFLAMMATION OF THE LIVER.

This may be either acute or chronic.

Symptoms of acute Hepatitis.—There is pain in the right hypochondrium, shooting to the back and shoulder, increased on pressure, pain in the right shoulder; the pulse generally strong and full; there is thirst, a furred and yellowish tongue, and frequently vomiting, sometimes of a bilious, at other times of a dark coloured matter. The bowels are commonly irregular or costive; the urine almost always scanty, and very high coloured. There is also pain, tenderness, and tumefaction in the region of the liver, occurring with more or less degree of intensity, with inability to lie on the left side; occasionally jaundice, depression of spirits and nervousness, with great irritability of temper. Hepatitis may terminate by resolution or by suppuration, or the irritation may continue in a modified manner, so as to be classed among chronic diseases of the liver. The indications of resolution are, in the first instance, the subsidence of the fever, the gastric symptoms, and the pain; this is followed by the disappearance of the tumefaction, which, though generally the last of the symptoms, often occurs with great rapidity; the dilatation of the side is no longer observed, the right hypochondrium and epigastric region lose the tension and fulness which occurred during the height of the disease. If suppuration takes place, the tumefaction increases, shiverings more or less severe are observed, with or without perspirations; the pulse becomes small and rapid, the countenance is pale, and a sour smell of the surface is perceptible. If the abscess forms so as to be perceptible by manual examination, we may observe the following conditions; 1st, a generally enlarged state of the organ, in which, though no perceptible fluctuation exists, a doughy or boggy feel is communicated over a greater or less portion of the tumour; 2nd, distinct tumefaction below the margin of the rib; 3rd, a tumour in the epigastrium; and 4th, a bulging of the false ribs, with more than usual fulness of the intercostal spaces; the constitutional symptoms are night cold-sweats, clamminess of the skin, and frequent fainting sensations. The inability to salivate the patient is considered very characteristic of suppuration having taken place.

HEPATITIS; YANE WARM-I-JIGAR.

Yih warm do qism ká hotá hai ; acute, yane shadíd, aur chronic, yane kohneh.

Asár shadíd warm-i-jigar ke.—Dáhiní kokh men dard rahtá hai, aur sháne aur pusht kí taraf yakáyak phaiłtá hai, aur dabáne se ziyádah hotá hai ; aur dáhine káñdhe men bhí dard hotá hai ; nabz aksar zor se aur jald chaltí hai ; piyás ká ghalba hotá hai ; Zubán men káñte parjáte hain, aur rangat zubán kí mísil ba zardí hotí hai ; qai aksar hotí rahtí hai, aur uske sáth kabhí kabhí safrá aur kabhí kabhí maile rang ká mádda nikaltá hai ; antariyán aksar betartib aur band rahtí hain ; pesháb thorá thorá aur bahut rangín átá hai ; kaleje ke ás pás kam-o-besh dard, aur amáo aur warm bhí hotá hai, aur bímár báin karwaṇ leté nahín saktá ; kabhí kabhí yarqán hojátá hai, aur dilpar udási chhá játí hai, aur mánáz niháyat tez mizáj aur chichirí hojátá hai. Barwaqt záyal hone ásár ke yih maraz bhí záyal ho saktá hai, aur jis súrat men kalejá pak jáwe, yá dard-i-kháffí jári rahi, to usko amrázi aqsám-i-chronic se shuinár karte hain. Ásár rafṣ hone is marz ke awwal yih hain, ghaṭ jáná bukhár aur ásár bímári shikam aur dard ká, aur bád iske rafṣ honá warm ká ; yih warm agarchi aksar akhír alámat is bímári kí hai, magar jald játá rahtá hai, phailao pahlú ká nahín malum detá, aur dáhiní kokh, aur un muqámon men jo medeh se upar hain, tanáo aur warm jo marz kí shiddat mey paidá hotá hai nahín rahtá. Darsúrat pakjáne kaleje ke warm taraqqí pakartá hai, aur larzab kam-o-besh pasíne ke sáth yá baghair pasíne ke numáyán hotá hai, nabz kamzor aur tez raftár hojátí hai, chehra harkat kartá huá nahín malum detá, magar waram narm aur muláyam malum hotá hai. Doyam, paslí ke kináre ke níche warm záhir hotá hai. Sayum, us muqám men jo medeh ke úpar hai warm ájátá hai. Chahárúm, tale kí donon chhotí pasliyán barh játí hain, aur khulú darmiyán pasliyon ke ziyádah wasi hojátá hai, aur jism par rát ko ḥandá pasiná átá hai, aur post badan ká chipchipá malum detá hai, aur aksar ghash kí taraf tabiat rujú kartí hai ; aur jabki bímár ko munh áne kí dawá dene se munh nahín átá, to isse yaqín-i-qawí hojátá hai ki bímár ká kalejá pak gayá.

Treatment.—In the early stage of the disease, and there are no signs of suppuration present, the treatment should commence with a free bleeding from the arm, which, if the patient be robust and the inflammatory fever high, should be pushed so as to produce some effect on the circulation; if after four or five hours the pain and oppression return, the bleeding should be repeated. The bowels should be opened by a dose of calomel, ten grains, followed by a brisk saline purgative of epsom or rochelle salts, and assisted by a purgative injection of an infusion of salts and senna; after the purgative has acted, thirty leeches should be applied to the most painful part of the side, and when they fall off, the oozing of blood should be arrested at once, as it only tends to weaken the patient, without relieving him in the least. After the haemorrhage has been completely arrested, great advantage will be afforded by the application of warm poultices of linseed meal, or bread and milk, over the affected organ; these however must be made light, as their weight in some cases proves distressing. If the disease should be complicated with dysentery, great relief may be afforded by the application of a dozen leeches to the region of the anus as well. The circumstances that point out that the general and local depletions have exercised a salutary influence on the suffering organ are the following: the diminution of the inflammatory heat, and of the oppression in the epigastrium and hypochondrium, the subsidence of the pain and tenderness; and lastly, of the tumefaction, which is to be ascertained by the touch and by percussion of the lower part of the thorax and abdomen. Blisters are now to be employed, but their use must never be resorted to while the inflammatory fever runs high, and they must be removed as soon as the patient begins to feel their stimulus.

When the disease occurs in persons of a broken down constitution, and particularly in those who have long indulged in ardent spirits, the greatest caution is to be observed in the use of the lancet, and trust principally to local bleeding and counter-irritation. Mercury may now be employed to produce salivation. Ten grains of calomel, combined with one or two of opium, may be given twice in the day, or scruple doses at bed-time; but should salivation not be induced in three or four days, the remedy must be stopped. Antimonial or James' powder may be added to the

Maáljah.—Ibtidáé bímári men, aur jab ki ásár pakáo ke malúm na hote hop, maáljah is taur par shurú karná cháhiye; háth kí aísí fasd lení cháhiye jo ziyádah khún de; aur agar bímár qawí ho, aur sozish ká bukhár bashiddat ho, to munásib yih hai, ki is qadar ziyádah khún nikálen, ki surat-i-nabz men farq parjáwe. Agar chár páñch ghante ke bád dard aur shiddat phir aud kar áwe, to fasd dobárah karní cháhiye. Calomel, yane kushta-i-párah, bamiqdár das grain ke istamál kiyá jáwe, tákí antariyán khul jáwen, aur iske bád namkín tez mushil az qism-i-namak epsom, yá rochelle salts diyá jáwe, aur uskí madad ke liye khisándah-i-namak aur saná ká huqnah kiyá jáwe; jis waqt dast á chuken, to ís jonken us muqám par pahlú men jahán ki niháyat taklíf ho lagái jáwen, aur bád chhuṭ jáne jonkon ke ijráe khún ko jald band karná cháhiye, kyunki is súrat men nikalná khún ká bímár ko zarah bhí fáidah nahín baķhshtá, balki zauf ziyádah kartá hai. Jabki khún birkul band hojáwe to us jagah par jahán bímári ho, agar garam poultice alsí ke, átc yá rotí aur dúd ká lagáyá jáwe to bahut musíd hogá; magar yih poultice halká banáná cháhiye, isliye ki basabab uske wazan ke báz súraton men taklíf hotí hai. Agar ishál bhí is bímári ke sáth láhaq ho, to bárah jonken miqád par bhí lagání cháhiyen, kyunki usse bahut ifáqah mutsawwar hogá; ásár jinse záhir hotá hai ki tanqiyon marqúma-i-bálá ne bímári-i-jigar ko fáidah baķhshtá hai wuh yih hai. Kam hojáná jaláne-wálí garmí ká aur shiddat ká us muqám men jo medeh ke úpar hai, aur kokh men, aur ghaṭ jána dard aur amáo ká, aur in sab se bád warm ká jiskí kamí chhátí aur pet ke niche kí taraf dabáne aur thapakne se daryáft ho saktí hai. Is hálat men plaster lagáná cháhiye, magar darsúrat ghálib hone tap-i-sozish ke istamal plaster ká munásib nahín, aur jis waqt bímár ko plaster se taklíf ho to uská dúr karná lázim hai.

Jis súrat men bímári aise shakhson ko láhaq ho jo ki náttáqat aur zaif hop, khasúsan aise shakhsh ko jo ki ek arse se sharáb hác garam pítá rahá ho, to uske tajwíz fasd men bahut ihtiyyát wájib hai; aise marrízon ke wáste lagáná jonkon ká muqám-i-marz par aur paidá karná counter-irritation, yane ek aur taklif ká ziyádah musíd mutsawwar hai. Wáste láne munh ko istamál páre ká cháhiye. Das grain calomel bashamúl ek yá do grain afyún ke do dafa din men diyá jáwe, yá bamiqdár ek scruple ke sote waqt; agar tún chár din ke arse men munh na áwe, to yih iláj mauqús kiyá jáwe. Antimonial powder

as they are considered to assist materially in producing suppuration rapidly. Strong mercurial ointment may also be well rubbed into the armpits and groins to the extent of a drachm three times a day for the like period. In the acute stage of the disease, the patient must be kept on the lowest diet possible. Effervescing draughts may be allowed, and will often be found to be of great benefit, when they act on the skin and kidneys. Mild saline purges with emollient injections should be employed, and the patient may drink a solution of cream of tartar or tamarind tea, and if there be much restlessness, an anodyne draught, or twelve grains of Dover's powder, may be given at bed time. But if, notwithstanding these means, the tumefaction continues, and the fever assumes a remittent or hectic type, the formation of an abscess is to be dreaded. The patient's strength must be supported by farinaceous and gelatious food, and the exhibition of wine in moderation, with vegetable tonics, will be advisable; poulticing must be diligently employed over the region of the liver, and we must endeavour to bring forward the abscess towards the surface as much as possible; when, in the event of a perceptible and fluctuating tumour being formed, it will be advisable to give exit to the matter as speedily as possible. When the abscess makes its way either externally or into the lungs or bowels, the strength of the patient must be carefully supported by light and nutritious diet, wine and tonic medicines, according to the circumstances of the case. The mineral acids may also be given in the different tonic infusions, such as gentian, chiretta, calumbo, or cinchona. The greatest attention should be paid to the state of the bowels, and a gentle and graduated pressure on the organ might accelerate the cure, by closing up the opening, after the matter has been evacuated.

HEPATITIS CHRONICA; CHRONIC INFLAMMATION OF THE LIVER.

Symptoms.—More or less pain in the region of the liver, increased by excitement, accompanied by tenderness and tumour, a sallow countenance, a dry skin, foul tongue, scanty and high colored urine, with occasional attacks of jaundice, occasional pain about the right shoulder, bitter taste in the mouth, and wasted

jiako James' powder bhí kabte hain, calomel men shamil kiyá jáwe, isliye ki yih donop jald munh ke láne men bahut muassar samjhe játe hain. Qawí marham páre ká bamiqdár ek drachm ke tis maratabah bar roz tis din tak baghal aur bázú sur rán men kháb malá, jáwe. Darsúrat acute, yane shadíd hone bímári ke, mariz ko jahánpak ho sake kam khurák deuí cháhiye. Effervescent draughts, yane, babule lánewále pání kí ijázat díjáwe; yih pání bahut musid hogé, jabki post aur gurde par uskí tásír hogí. Halke mushil namak ke mai mulayyan pichkáriyon ke istamál men áwep, aur bímár ko solution of cream of tartar yá imlí kí chá pilái jáwe, aur agar ziyádah, iztiráb málum ho to anodyne, yane taskín bakhsh pání yá bárah grain Dover's powder sote waqt istamál men áwe. Aur jo bá wasf in tadbíron ke warm járí rahe aur bukhár bári ká yá diq kí qism se hojáwe, to is súrat men khauf ho jáne phore ká mutsawwar hai; aise mauqe par wájib hai ki táqat bímár kí bazarih-i-ghizáe muláyam aur patlí ke qáyam rakkhen aur istamál sharáb ká baatidál basha-múl muqawwiát-i-nabátatí ke munásib hai, aur kaleje par lagáná poultice ká mauquf na kiyá jáwe, aur aisi tajwíz ámal men áwe ki mawád us phore ká hattulimkán jism ke satah kí taraf rujú kare; aur jis súrat men mawád jigar men ziyádtí pakre aur mutaharrik hone lage, to uske ikráj men jahánpak tak hosake niháyat jaldí karní cháhiye. Jis hál men phorá báhir numáyán ho yá taraf phepre yá antariyon ke rujú kare to khyál sanbháline táqat-i-mariz ká bazarih-i-subuk aur muqawwí ghizá ke aur sharáb aur muqawwí adwiyat ke mutábiq súrat hál bímár ke zarúr cháhiye. Mineral acid, yane tezáb hamráh mukhtalif muqawwí khisádon jantyáne yá chiretta yá calumbo yá cinchona ke diyá jáwe. Antariyon kí hálat par ziyádah tawajjuh cháhiye, thorá thorá aur darjah badarjah dábne užv mazkúr ke se bazarih band karne muph uske ke bád ikráj máddah ke jald honá sihat ká mutsawwar hai.

HEPATITIS CHRONICA ; YANE KOHNAH WARAH-I-JIGAR.

Aesar-i-maraz.—Honá dard ká kaleje men kam o besh, aur ziyadah honá uská ghabráne tabiat aur harkat karne se, aur honá uske sáth warm aur amáo ká, zard rang honá chehre ká, aur khushk honá jild ká, aur mailá rahná Zubán ká, thorá thorá aur tez rang áná peshkéb ká, aur gáhe gáhe láhaq honá yarqán ká, aur kabbi kabhi paidá honá

state of the body, when the disease has been of long continuation.

Treatment.—At the commencement apply every third or fourth day a dozen leeches to the region of the liver until all pain and tenderness is removed. The bowels should at the same time be diligently, but mildly acted upon by gentle laxatives, combined with mercurials, such as the grey powder or the blue pill. Afterwards repeated applications of blisters over different parts of the organ, or keeping up an eruption over it by means of the tartar emetic ointment, should be persevered in for a considerable time. If these means do not succeed, and if there is no contra-indication, the system should be gently affected with mercury, which may be done by giving small doses of calomel or blue pill, combined with Dover's powder, at night, or by rubbing in over the region of the liver one drachm of the strong mercurial ointment, three times a day. When, from the constitution of the patient, it is thought unadvisable to use mercury, the nitro-muriatic acid should be employed.

The following is the mode in which the remedy is recommended to be used. A mixture is made of eight ounces of pure water with four ounces of the nitric and four of the muriatic acid. Of this solution from two to five ounces are to be mixed with about three gallons of water at the temperature of ninety degrees in a high and narrow vessel, and the feet kept immersed in it for about half an hour every night, before retiring to rest. If the first bath does not cause a pricking sensation in the parts, the next is to be increased in strength. Advantage has also been obtained from sponging the body with a similar solution every night. After the disease has been subdued, vegetable tonics may be given to restore the digestive powers. The patient should wear warm clothing, and carefully avoid any error of regimen that may cause a return of the hepatic disease. In very obstinate cases, a trip to sea or to Europe would be of essential service.

Questions.

How may hepatitis be divided ?

What are the usual symptoms of the acute form of hepatitis ?

What are the usual terminations of an attack of acute hepatitis ?

dard ká dákne sháne men, aur náhíf honá jism ká, yih sab ásár us waqt hote hain, jab ki yih marz bahut dinoq ká hó játá hái.

Mađijah.—Ibtidá men tísre chauthé din bárah jonken kaleje par lagáte rahan jab tak ki dard aur amáo bilkul rafá na ho, magar is arse men mutaharrik rakhne antariyon ka baáhistgí bazariah adwiyat-i-muhallil ke bashamúl murakkabat-i-páre ke misl Grey powder aur blue pill ke niháyat liház rahe. Bad iske plaster úpar mukh-talif muqámon jigar ke bár bár lagáyá jáwe, yá bazariah marham tartar emetic ke phunsiyán arsa-i-daráz tak qáyam rakkhí jáwen. Agar in tadbíron se kuchh fáidah na ho aur koí alámat sihat kí bhí zahir na ho, to thorá sá calomel bashamúl Dover's powder ke maríz ko rát ko diyá jáwe, yá marham páre ká bamiqdárek drachm din men tín martabah kaleje ke muqám par malá jáwe, jab tak ki ásár us dawá ke jism par záhir na hoy. Jabki baliház hálat maríz ke dená páre ká munásib-i-waqt na malum ho, to tezáb shore aur namak ká istamál kiyá jáwe.

Uske istamál kí munásib tarkíb istarah par tajwíz huí hai. Ath ounce sáf pání men chár ounce shore, aur chár ounce namak ke tezáb ke miláe jáwen, aur is men se do ounce se pánch tak tin gallon aise pání men jismen nawwe darje kí garmí ho shámil kiye jáwen, aur is pání ko únche tang bartan men dál kar sone se pahle har rát usmen ádhe ghanṭe tak pánw rakkhen. Agar pánw men us páshoya se kánṭe se na parne lagen to dúsra páshoya zarah-pahle se tez banáná cháhiye, aur aisehí páshoya se dhoná jism ká bhí rát ko muſíd hotá hai. Jab ki marz rafá hojáwe to us waqt muqawwiyat-i-nabátatí wáste hálat-i-aslí par láne quwat-i-házma ke istamál kí jáwen. Bímár ko cháhiye ki garm kapre pahná kare aur aisi bad parhezí se har dam ihtiyát aur ihtiráz kartá rahe jisse ḫauf əud karne ərzah-i-kaleje ká mutsawwar ho. Jabki bímári kisí iláj se asár pizír na ho, to rawána honá taraf daryáe shor ya mulk-i-Farang ke bahut muſíd hogá.

Sawálát.

Warm-i-jigar kai qism ká hotá hai?

Mámúlí ásár acute, yane shadíd warm-i-jigar ke kyá hain?

Shadíd warm-i-jigar ke ḫhatm hone kí alámateq kyá hain?

What are the indications of the disease having terminated in resolution ?

What are the usual signs of suppuration having taken place ?

When suppuration has taken place, is it easy to cause salivation ?

In the early stage of the disease, should there be no signs of suppuration present, what treatment should you adopt ?

After leeches have been applied, why should you not increase the flow of blood by fomentation ?

When there is dysentery and Hepatitis at the same time, has the application of leeches to the anus afforded great relief ?

How would you know that the general and local depletions have proved beneficial to your patient ?

When is the employment of blisters contra-indicated ?

In broken down constitutions, should you employ the lancet freely, or what should you rather trust to ?

When should you administer mercury, and for what purpose do you give it ?

In the acute stage of the disease what should be the nature of your patient's diet ?

What treatment is to be adopted when suppuration has taken place ?

What are the usual symptoms of chronic hepatitis ?

What treatment should be followed at the commencement ?

Is mercury ever given in this form of the disease ?

When from any peculiarity in the constitution of the patient it is not advisable to give mercury, what other plan would you adopt ?

When the disease has been subdued, what should be the after-treatment ?

HYSTERIA; HYSTERICS.

Symptoms.—This disease usually comes on at times very suddenly, with crying, laughing, and shrieking in the fit, with a sense of choking, as if there was a ball rising in the throat which could neither be got up or down; heaving up and down of the breasts, thumping them with the clenched fists; hiccup, and a rumbling noise in the belly; a great secretion of limpid urine, at times passed involuntarily. To these symptoms succeeds temporary loss of sense and consciousness, and of command over the muscles

Jab ki yih árzah záyal howe to uske ásár kyá hote haip?

Ásár wáqá hone pakáo ke kyá hain?

Jab ki is marz men jigar pak jáwe to munh maríz ká dawá se baásání á saktá hai yá nahín?

Ibtidáe marz men agar alámateñ pakáo kí páí na jáwen, to maáljah kis tarah kiyá jawe?

Jab ki jonken lagái jáwen to ijrái khún bazariñ-i-senkne ke kis wáste ziyádah nahín kiyá játá?

Jab ki árzah ishál ká bhí warm-i-jigar ke sáth howe to lágáná joñkon ká miqad par müjib ifáqe kú hotá hai yá nahín?

Kis tarah malum ho saktá hai ki mushil dene aur khún lene se bímári ko fáidah huá hai?

Kis súrat men lagáná plaster ká mamnú hai?

Jab ki maríz bahut kamzor aur zaíf ho to kyá uskí fasd bilátaam-mul kí jáwe, yá nahín to kyá iláj kiyá jáwe?

Kis súrat men dená páre ká munásib hai, aur kis wáste diyá játá hai?

Jab ki yih árzah shadíd ho to kis qism kí ghizá bímár ko dí jáwe.

Jabki pakáo wáqá ho to kyá maáljah uská kiyá jáwe?

Mamúlí alámateñ kohnah warm-i-jigar kí kyá haip?

Ibtidáe marz men kyá iláj kiyá jáwe?

Is qism ke marz men istamál páre ká kíya játá hai yá nahín?

Agar basabab khawás-i-tabiat maríz ke dená páre ká munásib na malum ho to aur kyá tajwíz kí jáwe?

Jab ki yih árzah rafá ho jáwe to uske bád kyá karná cháhiye?

HYSTERIA ; YANE HABAS-UD-DAM.

Alámateñ.—Is árzah men amúman báze waqt achánchak rone, hapsne, aur chíkhne se, ek golá sá halaq men jo ki níche já sake na báhar á sake chháti men malum huá kartá hai, babáis jiske maríz apne háth kí mutthí ko bándh ke chháti ko thapká kartá hai. Hichkiyán aur peñ men qaráqur hotá hai, pesháb sáf aur raqş bakasrat hotá hai, balki bemalum nikal játá hai. Máorai in alámaton ke aql záil dil beñhikáne ho játá hai, aur háth páñw ke puñthe qábú yáftah nahín rahte balki un ko kám men láne ke waqt maríz hich-

of voluntary motion, which are either motionless or violently agitated, the arms and legs being most generally affected. The disease is much more common in females than males, particularly about the age of puberty.

Treatment.—During the fit, the patient must be prevented from injuring herself by her hands, by her teeth, or by striking her head or her breasts against any hard substance. If the symptoms indicate determination of blood to the head, it should be raised, and towels rung out of cold water applied to the forehead, warmth being applied at the same time to the feet. All tight clothing about the neck or chest should be loosened. In cases going on to complete coma, blood may be taken from the arm, or by leeches from the temples. When there is less plethora, and the fit is obstinate, the patient being at intervals able to swallow, half a drachm of aromatic spirit of ammonia, or the spirits of sulphuric ether, may be given in a little water. The face and chest should be sprinkled with cold water.

Questions.

Describe the symptoms of a fit of hysterics ?

Describe the appropriate treatment of hysteria ?

ICTERUS ; JAUNDICE.

This disease arises from an impediment to the passage of the bile into the intestines, which may be either mechanical, as the passage of gall-stones, or enlargement of the adjoining viscera; or functional, as a spasmodic or inflammatory or weakly state of the gall ducts.

Symptoms.—There is yellowness of the skin, the white of the eyes, roots of the nails, and urine, and paleness of the faeces. There is also nausea, vomiting, thirst, constipation of the bowels, and great languor. When jaundice arises from gall-stones, there is a sudden acute pain, either in the epigastrium, or shooting towards that part from the back, or right hypochondrium: there is also vomiting, occasional shiverings and profuse perspiration without any fever, or increased frequency of the pulse. Sometimes the pain precedes the appearance of jaundice, returning perhaps with great severity, for several successive days, and remaining for several hours at each return: the shiverings in jaundice rarely precede the pain, but occur irregularly during a paroxysm;

kichátá hai. Auraten báligh is marz men aksar mubtilá hotí hain banisba mardon ke.

Maqljah.—Naubat marz men lázim hai ki kisi tarah ká khala háthon yá dánton se maríz na karne páwe, aur koí sakht chíz par uskí dastras na hone den mubádá ki wuh apne sir yá sínah men már le. Agar rujú khún ká taraf sir ke alámaton se sabút ho to ek rúmál sard pání men bhíga huá sir par aur garam pání ká pairon par rakkhen. Aur kapre jo ki gird gale aur chháti maríz ke tang hog un ko dhílā kar dená zarúr hai. Babáis daryáft hone sabab coma ke tanqiyah khún bazariah fasd ke bánh se aur joñkon ke kanpañon se karen. Jab ki maríz men tawánáí pái jáwe, aur naubat marz bashiddat aur níz yih blí sabút ho ki maríz nisf drachm aromatic spirit of ammonia yá spirits of sulphuric ether darmiyán waqfah marz, pání men milákar pí saktá hai, dewen. Chchrah aur sínah par sard pání chhírakte rahan.

Sawálát.

Bayán karo alámaten naubat hysteria ki ?

Bayán karo múnásib iláj hysteria ke ?

ICTERUS; YĀNE YARQÁN.

Yih marz is tarah par wáqa hotá hai ki jis ráhi se ki safrá antariyon men játá hai us men rukáo ho játá hai, khwá basabab gall-stones, yá farákhí-i-pardah multahmah yá paidá hone tashannuj ahtiráq men, yá hálat kamzorí gall ducts se.

Alámaten.—Áñkh kí sufedí aur nákhunoñ kí járon men aur pesháb aur pákhánah aur jild badan par zardí hotí hai. Málish dil aur qai aur tishnagí bhí hotí hai, aur antariyon men inqabáz rahtá hai, aur badan men barí sustí. Jab ki yarqán basabab gall-stones ke wáqa hotá hai, to us súrat men yakáyak tez dard yá to khud kaurí men hotá hai yá kamar yá dáhiní kokh men hokar kaurí men chábak mártí hai, kabhí kabhí qai aur larzah aur ziyádatí pasínah kí bhí hotí hai, baghair bukhár yá sarat nabz ke. Baz augát dard qabl az waqú yarqán paidá hotá hai, aur mutaddid dinon tak pai dar pai shiddat se uthtá hai, aur kabhí ghuñnon tak har martabah jíri hai. Marz yarqán men larzah qabl az uñhne dard ke bahut

The pain is acute and excruciating and occurs in paroxysms; the patient bends his body forward upon his knees, when not writhing in other directions. Should the pulse become hard and quick, the greatest care should be taken that the irritation does not run into inflammation. In that form of jaundice, in which the yellow inclines to green jaundice, recovery seldom takes place.

Treatment.—If there is acute pain, give opium in large doses, foment the pit of the stomach, give a warm bath, with purgatives of jalap and calomel. An emetic has sometimes proved useful. The morbid state of the bile should be corrected by alkalis, nitric acid, or the extract of taraxacum. When inflammatory symptoms are present, local blood-letting, with other antiphlogistic measures, must be resorted to.

Questions.

What is the nature of the disease called jaundice, and what is it caused by?

What are the usual symptoms of jaundice?

When the disease arises from the presence of gall-stones, what symptoms usually occur?

What is the treatment in a case of common jaundice?

Should there be inflammatory symptoms what treatment would you adopt?

ICTUS SOLIS ; STROKE OF THE SUN.

Apoplexy thus caused by "a stroke of the sun," is either sanguineous or serous, according to the temperament and habits of the patient.

Symptoms.—The person thus attacked, suddenly falls down in a state of stupor and insensibility, and if assistance is not immediately procured, seldom recovers, but in the course of a very short time dies. The sanguineous form may, if attended to in time, possibly be cured; the serous is always fatal.

Treatment.—If the patient is seen immediately after the seizure, copious bleeding from the temporal artery, and cupping on the

hotá hai. Dard tez sur shadid bataur nanbat uhtá hai. Mariz apne jis ko áge kí taraf apne ghuñnon par jhukatá hai, darsúratíki kisí aur hal pench o táb nahin kartá. Jis hálat men ki nabz men sakhtí aur sarań pái jáwe to niháyat liház rakhná cháhiye kí warm men sozish paidá na ho jáwe. Jis súrat men ki yarqán kí zardí mál basabzí ho to shafá sház o nádir hásil hogí.

Mađijah.—Dar súratíki dard tez howe, to barí mautád afun kí dewen, aur sam medeh ko senken, aur garm pání se nahláwen, aur mushil jalap aur calomel ká piláwen. Adwiyah qaiawar bhí baz muſid huí haiñ. Taghyur jo ki safra men hotá hai uskí durustgi bazariah alkalis yane khár yá texáb shorah yá extract taraxacum ke karen. Jis súrat men ki alámaten sozish kí maujúd hon, to tanqiyah khún muqám marz se karen, aur aisi tadbír amal men láwen jo ki harárat gharizí ko kam kartí haiñ.

Sawálát.

Kyá khásá marz yarqán ká hotá hai, aur kis bájs se yih marz paidá hotá hai ?

Kyá mamúlí alámaten yarqán kí hotí hai ?

Kyá mamúlí ásár pác játe haiñ jab ki yarqán basabab maujúd hone gall-stones ke wáqá hotá hai ?

Kyá iláj karná cháhiye darsúrat láhaq hone yarqán ke ?

Jis súrat men ásár sozish ke maujúd hon to us hálat men kyá karen ?

ICTUS SOLIS ; YANE LÚZDAH.

Ghashí jo ki basabab dhúp ke wáqá howe wuh bamújib mizaj aur tabiat yá to basabab kasrat khún ke yá ratúbat ke hotí hai.

Alámaten.—Jo shakhs ki is marz men mubtilá hotá hai wuh yaká-yak behis o hawás gir partá hai, aur agar fauran uskí madad aur khabargíri na kí jáwe to bahut kam shafá pátá hai, balki thore se arsań men mar játá hai. Agar marz damví ká tadáruk barwaqt kiyá jáwe to mumkin hai ki maríz jánbar ho jáwe, magar marz bádi hameshah muhallik hai.

Mađijah.—Agar maríz bafaur mubtilá hone ke is árzah men páyá jáwe to temporal artery yane shiryán sadagh se khún bakhúbí

back of the neck, should be resorted to immediately, followed up as soon as possible by a dose of calomel and jalap. General bleeding should not be neglected, if a sufficient quantity of blood cannot be procured from the temporal artery. When the pressure on the brain by these means has in some degree been taken off, the calomel should be repeated, both as a purgative and as a sialagogue, with a view of restoring the equilibrium of the system. Cold applications to the head are particularly efficacious. The head should be shaved, and a solution of the muriate of ammonia or nitrate of potass in water absorbed by a soft towel, with which the head should be covered. It is very rare that a person who has once suffered from this complaint, ever recovers the perfect use of his physical and mental faculties. It is well worthy of observation, that these consequences are certainly less, sometimes not at all, observable in those who have been salivated in course of the disease.

Questions.

- What is the nature of the disease called ictus solis ?
- What are the symptoms attending it ?
- What treatment should you adopt ?
- What effect has salivation on those who have suffered from the disease ?

LARYNGITIS; INFLAMMATION OF THE LARYNX.

Symptoms.—There is hoarseness or whispering with an almost total suppression of the voice. The breathing is hoarse, loud, and rough, with long inspirations, accompanied with spasmodic fits of difficulty of breathing, and even then the patient must be in an erect posture, or he will be suffocated. The face is pale and ghastly ; the lips pale and livid, and the throat occasionally swollen. Sometimes the tonsils and tongue are swollen ; sometimes there is a very hoarse cough with expectoration of viscid mucus. The pulse is rapid, there is a clammy sweat, and the pupils of the eyes are dilated. Death frequently occurs suddenly with a spasm on the third or fourth day. This disease generally occurs in adults, just as croup does in children, and arises chiefly from exposure to cold and wet.

lewen, aur guddí men bharí huí singiyán lagáwen, aur bad uske jald baqadar imkán ek mautad calomel aur jalap ki dewen. Agar khún khátir khwá temporal artery yané shiryán-til-sadegh se na áwe to tanqiyah ám ki taraf se bekhabar rahná na cháhiye. Dabáo jo ki dimágh par hotá hai us men agar in wasílon se kuchh takhfif ho jáwe to calomel bataur mushil aur sialogne ke dená cháhiye, is nazar par ki jism men az sar-i-nau aitdál á jáwe. Lagáná sard chízon ká sir par kháskar bahut muassir hotá hai. Bál sir ke mundwá dálen, aur solution nitrate of ammonia yá nitrate of potash ko kisí bárik rúmál men jazb karke sir par dálen. Yih sház o nádir zahúr men átá hai ki bad ek martabah mubtilá hone ke is marz men qawáj jismí aur zamíri maríz ke bilkul hálat aslí par áwen. Yih bhí yahán bayán karná cháhiye ki aise natíje is marz ke bahut kam hote hain, balki baz auqát zará bhí tamíz nahín kí játí darsúratiki hálat-i-marz men bímár ká munh láyá gayá ho.

Sawálát.

Kyá khásah marz ictus solis ka hotá hai ?
 Kyá alámateñ is marz ke sáth hotí hain ?
 Kyá jláj karná cháhiye ?
 Jo log is marz men mubtilá howen un ke munh láne se kyá asar hotá hai ?

LARYNGITIS ; YANE SOZISH HINJRAH.

Alámaten.—Is marz men galá baiñh játá hai, aur kalám áhistah kiyá já saktá hai, aur áwáz bilkul dabí huí sí hotí hai, dam lene men girastgí aur shör aur durustí hotí hai, aur sáns klinch kar átí hai, aur hamráh in báton ke bataur naubat tashannuj ke dam ruk kar átá hai, is hálat men bhí zarúr hai ki maríz sídhá rahe, nahín to dam ghuṭ jáwegá. Chehráh zard aur pazmurdah hotá hai, honþ zard aur nílgún rahte hain, aur halaq kabhí kabhí phúl játá hai. Baz auqát tonsils yané halqum aur Zubán bhí phúl játí hai, kabhí kabhí aísá bhí hotá hai ki khápsí baiñhí huí áwáz ke sáth uthtí hai, aur uske sáth balgham chipaktá huá nikaltá hai. Nabz men sarat hotí hai, aur pasínah bemalum átá hai, aur putliyán ánkhon kí phail játá hain. Tíre yá chauthé din eksar auqát maríz tashannuj hokar yakáyak mar játá hai. Yih marz ziyádah-tar jawañon ko láhaq hotá hai, misl árzah croup ke jo bachchon ko

Treatment.—Bleed immediately very freely from the arm, so as to make the patient faint, then cover the throat with leeches; afterwards apply hot poultices or fomentations. Salivate as quickly as possible, give five or ten grains of calomel every two or three hours until it comes on, and rub the strong mercurial ointment into the groins and arm-pits, and inside of the thighs, three or four times a day, for as soon as the patient begins to spit, the danger is over. Should there be immediate danger of suffocation, you must not wait for the salivation, but open the wind-pipe at once, this operation being called "bronchotomy," which will afford immediate relief, and enable you to go on with the mercury; for neither the mercury alone, or the operation alone, will save the patient; the two must be combined in the more severe cases. The after-treatment may be the same as followed in all cases of inflammation of the respiratory organs.

Questions.

- What are the symptoms of laryngitis ?
- What treatment should you follow ?
- In cases of danger from immediate suffocation, what must you do ?

LEUCORRHœA; FLUOR ALBUS.

Symptoms.—This is one of the most common and the most obstinate diseases to which a female is liable; sometimes it is called the whites, at other times "a weakness." The discharge most commonly arises from the upper part of the vagina, but in some cases it may be traced to a high degree of irritation of the womb itself. It should be remembered, that profuse leucorrhœa occurring at the period of life when menstruation generally ceases, is often a sign of structural disease, and hence the necessity of a careful examination. The pre-disposing and exciting causes of this complaint are various; it may arise from scrophula, frequent child-bearing: abortions, a disordered state of the menstruation, or from worms in the lower part of the intestines, such as the escharides in the rectum.

hotá hai, aur báis is marz ká aksar rahná sardí men yá namí men hotá hai.

Maáljah.—Fasd háth kí baghair tákhír karen, aur is qadar khún lewen ki maríz ko naubat ghash kí pahúñche, bád uske gale ko-jonkon so bhar den, aur iske bád ek bará poultice lagáwen, yá gale ko señk deñ. Jahán tak jald mumkin ho munh láná cháhiyc, aur is nazar par páñch yá das grain calomel dúsre tísre ghanṭe dete rahan tawaqtiki munh á jáwe, aur tez mercurial ointment yane tez marham párah chaddon aur baghlon men aur zer zánú men din men tín yá chár martabah maleñ, kyunki jis waqt maríz ko thúkne kí táqat ho játí hai us waqt khauf ján ká nahín rahtá. Darsúratiki yih khatrá ho ki dam jald ruk jáwegá to intizár munh ánc ká na karen balki halaq ko bilá támul kholen, is ámal ko bronchotomy kahte hain. Is ke zariyah se fauran ifaqah ho jáwegá, aur qábú istamál párah ká bhí milegá, kyunki na to faqt parah hí na yih ámal sirf maríz ko bachá saktá hai, yih donoñ báteñ hálat shiddat men ámal men láí jáwen, báqí maáljah bád iske wuhí hain jo ki sozish azái ta-naffus men kiye játe hain.

Sawálát.

Kyá alámateñ laryngitis yane sozish hinjrah kí hotí hain ?

Kyá maáljah karná cháhiye ?

Agar dam ghuṭ jáne ká khatrah ho pahle isse ki munh áwe to is hálat men kyá karná cháhiye ?

LEUCORRHCEA; YANE HAIZ.

Alámateñ.—Jin amrázon men auraten multilá hotí hain un men se yih marz niháyat ám aur niháyat ghair iláj pazír hotá hai, báz auqát is ko whites kahte hain, aur báz auqát weakness yane kam-zorí. Ikhraj aksar úpar kí taraf se unuq-ul-riham ke hotá hai, magar báz auqát is báis se hotá hai ki khud riham men bahut sozish ho játí hai. Yih yád rahe ki jab ki marz leucorrhœa yane haiz men ikhráj khún ziyádatí se howe, aur yih marz us zamáne men wáqa ho jab ki haiz mauqúf ho játá hai to aksar yih alámat structural yane mánind fitiq ke hotí hai, aur isí jihat se pur zarúr hai ki is marz ki tashkífsh meñ khauz karen. Jin báisop se medeh láhaq hone is marz ká paidá hotá hai wuh mutaddid hain. Yih marz basabab scrophula yane kanthmálá yá bárbár ke janne yá abortion yane isqát hamal yá menstruation yane beqáidah áne

Treatment.—Attention should be paid to the stage of the circulation and general health. If there is a quick pulse, a coated tongue, thirst, with determination of blood to the head; bleeding from the arm, together with active purging, and keeping your patient on a vegetable diet, may perhaps remove the disease, without the employment of local remedies. Leeches to the groins, or cupping over the loins, is however in general of great service, in the acute form. The bowels are to be kept open, but if the digestion is impaired, the purgatives employed must be mild in their nature. The best local application is a solution of the nitrate of silver, commencing with three grains to the ounce of distilled water, gradually increasing the strength. A curved bone syringe should always be used, and the patient should place herself in the recumbent posture, and remain so for several minutes after the syringe has been removed. The nitrate of silver causes neither pain nor irritation.

Questions.

- Describe the symptoms of leucorrhœa ?
- Enumerate some of the causes that may give rise to the disease ?
- What constitutional treatment should you adopt ?
- What local application to the vagina has been strongly recommended ?

LUMBAGO; RHEUMATISM OF THE LOINS.

Symptoms.—There is very severe pain in the muscles of the loins, descending on the outer side of the thighs and increased on motion, accompanied with more or less fever; the pulse is quick, soft, and full; the tongue white, and the urine high coloured. There is profuse sweating, the parts are hot, swollen and painful, increased by heat.

Treatment.—If the patient is plethoric, you must bleed both generally and locally, and apply cold or tepid lotions to the part. Internally you must give the following saline mixture:

haiz yá babáis par jáne kíron ke níche ke hissah men antariyon ke, misl kíron escharides ke jo ki miqad men par játe hain paidá ho saktá hai.

Maáljah.—Tawaji taraf hálat daurah khún kí karen, aur riyáyat sab tarah kí sihat ke rakkhen. Agar nabz men sarat aur zubán par mail aur tishnagí howe, “aur iske dimágh men khún thahar jáwe, to lená háth kí fasd ká aur dená tez mushil ká, aur rakhná marízah ko ghizai qism baqulát par sháyad is marz kodafa kar saktá hai, baghair iske ki maáljah khás muqám i marz par áml men áwe. Lagáná jónkon ká chaddon men aur síngion ká kamar men jab ki marz acute yáns shadíd hotá hai niháyat fáidah rakh-tá hai. Antariyán khulí rakhní cháhiyen, lekin agar házmah kharáb ho gayá ho, julláb dene cháhiyen, magar sakht qism ke na hon. - Bahtar dawá jis ká istamál muqám marz par karná cháhiye wuh yih hai ki solution nitrate of silver ká bamiqdár tín grain ek ounce ṭapkáe hue pání men milákar shurú karen, isse darjah badar-jah táqat barhtí hai. Pichkári téhí haddí kí hamesháh kám men lání cháhiye, aur marízah ko cháhiye ki bád nikalne is pichkári ke chand lahzah tak ķhamídah rahe. Nitrate of silver se na to ízá na sozish hotí hai.

Sawálát.

Alámateñ leucorrhœa kí bayán karo ?

Chand báis paidá hone is marz ke bayán karo ?

Kyá iláj baliház ám sihat ke karná cháhiye ?

Kaunsí dawá wáste unuq-ul-riham kemunásib hai ?

LUMBAGO ; YÁNE DARD-I-KAMAR.

Is bímári men kamar ke patthon men shiddat se dard hotá hai, aur úpar kí taraf zánú ke utar átá hai, aur harkat se ziyádah hotá hai, aur hamráh is dard ke kam o besh bukhár bhí hotá hai. Nabz saríh aur narm aur mumtalí rahtí hai, aur zubán sufed aur pesháb tez rang ká. Pasínah bashiddat átá hai, aur ajzáe muqám marz ke phúle hue hote hain, aur garmí se bárh játe hain.

Maáljah.—Agar maríz damwí mizáj ho to tanqiyah khún bazarí fasd ke aur muqám marz ke donon tarah par karen, aur sard yá nim garm lotion muqám marz par lagáwen, aur khánc ke liye murakkab adwiyah zel dewen :

Liquor Ammoniae acetatis, half an ounce,
 Camphor mixture, half an ounce,
 Wine of colchicum, twenty drops,
 Antimonial wine, twenty drops,

regularly every six hours, having previously cleared the bowels out with a full dose of calomel and jalap. Animal food and fermented liquors should be strictly forbidden during the active stage; barley water or toast and water, with a little plain sago, are all that should be allowed. If there should be very great pain, the hot bath may be given twice a day. When the inflammation is subdued, counter-irritation by tartar emetic ointment or mustard poultices will be of service. The strength may be supported with quinine, or any aromatic bitter.

Questions.

What are the symptoms of lumbago ?

What treatment should you adopt ?

MENORRHAGIA ; PROFUSE MENSTRUATION.

This disease may be either active or passive; the former arising from too great activity in the vessels of the uterus, the latter from a want of tone in their secreting orifices.

Symptoms of the active form.—Sometimes for two or three days before the expected period, there is a sensation of unusual fulness about the pelvis, with throbbing of the womb, along with sense of heat and weight, the external parts of generation are often slightly swollen, and the breasts become hot, tumid, and painful. The circulation is quickened, the mouth hot, the tongue dry, with thirst, and there is a general feeling of oppression, with headache and giddiness. After these symptoms have lasted for a certain time, menstruation begins; but the discharge comes on with violence, in gushes, and usually accompanied with pure blood. The progress is then variable; sometimes after the first few hours the patient feels relieved, lighter and cooler, and the rest of the period passes over more quietly and naturally; but in more aggravated cases, the flow still proceeds in equal or increased quantity, and lasts for several days, occasionally subdued, but again breaking

Liquor ammonia acetatis, ádhá ounce,
 Camphor mixture, ádhá ounce,
 Wine of colchicum, bíṣ qatrah,
 Antimonial wine, bíṣ qatrah.

Istamál is dawá ká har chhah ghante ke bad karen, magar pahle antariyon ko púrī mautad jalap se sáf kar len.

Kháne se gosht ke aur píne sc sharáb ke darmiyán shiddat marz ke batákíd parhez batláná cháhiye, sirf áb-i-jau yá senkí hue nán páo aur pání ke māh thore se sago ke ijázat dení cháhiye.

Agar dard shiddat se howe to din men do martabah garm pání men biṭhlá sakte hain. Jab ki sozish kam ho jáwe to counter-irrigation bazariyah marham tartar emetic yá ráí ke poultice ke muſid hogá. Táqat maríz kí bazariyah quinine yá kisí talkh dawá ke bahál rakh sakte hain.

Sawálát.

Kyá alámateñ marz lumbago kí hotí hain?

Kyá iláj karná cháhiye?

MENORRHAGIA: YANE BAKASRAT ÁNA KHÚN HAIZ KÁ.

Yih bímári do qism kí hotí hai, ek to active yanç mutaharrik, aur dusrí passive yanç thahrí huí. Pahlí qism paidá hotí hai basabab niháyat harkat үrúq-i-ríhm ke, aur dusrí basabab na hone quwwat ke үrúk mazkúrah ke siroñ men jinse khún átā hai.

Alámateñ qism árzah active yanç awwal kí.—Baz auqát do yá tín din pahle ayám haiz ke. Ek khás púrī sí qarib muqám warq ke malum hotí hai aur bachhedán dharaktá hai, aur garmí aur bojh malum hotá hai, aur berúní azá-i-furj kí phúljáte hain, aur chhátiñ men garmí aur ubhár aur dard ho játá hai. Daurah khún men sarat hotí hai, aur dahan garam, aur zabán khushk aur tishnígí paidá hotí hai, aur aksar suqát taklíf dard sir aur daurán sir kí hotí hai. Bad rahne in alámaton ke, ek khás arse tak ijrái khún haiz shurú hotá hai, magar sáth shiddat ke aur aksar khális khún áta hai. Bad iske taraqqí is marz kí muķhtalif tarah par hotí hai, baz auqát pahle chand ghantron ke marízah ko ifáqat malum hotí hai, aur wuh apne taín subaktar aur sard pátí hai, aur báqí auqát ziyádahtar qarár o áram aur hálat aslí men guzartí hai, lekin hálát ziyádatí marz men baháo haiz ká barábar yá ziyádah miqálár men baṛhtá játá hai, aur kai din tak

forth upon the slightest exertion, till at the end of the period the patient is left weak and languid, with a feeble pulse and pale countenance. By the time of the recurrence of the monthly period the individual is perhaps restored to the previous state of health, but the same train of circumstances is again renewed with perhaps increased severity, and the complaint rarely lasts long without the number of days intervening between the periods being rapidly diminished, till at last scarcely one period is over before the next approaches. *The causes* of the active form of the disease. It is found to occur in plethoric habits, in those who live a sedentary and indolent life, aggravated or excited by luxurious living, hot rooms, and also by very violent exercise, or any other very fatiguing exertion.

Treatment of the acute form.—In a patient who has been till recently in a robust and plethoric habit of body, and in whom the disease has been of recent origin, or has arisen from temporary and accidental causes, you should bleed from the arm, judging of the quantity to be taken by the powers of the patient, and the severity of the symptoms. Cold should then be applied freely to the abdomen, pelvis, loins, and back: the cold hip bath, dashing cold water, or vinegar and water on the person, injecting cold water into the vagina, and applying ice, both externally and internally, to the os uteri. Strong astringent injections into the vagina, consisting of solutions of alum or sulphate of zinc in infusion of gall, or decoction of oak bark, are often of service. In obstinate cases, where all other plans have been tried in vain, the following remedy though resulting in serious mischief occasionally may be followed. A gum elastic male catheter is to be carefully inserted into the womb itself, and by means of a syringe, about thirty or forty drops of a weak solution of alum or sugar of lead (five grains of either to one once of water) is to be very carefully injected, and the catheter to be removed as soon as it produces pain in the back. Accumulations of hard faeces in the rectum should always be removed as soon as possible by a clyster of cold water. Internally, the patient should take from one to three grains of the sugar

rahtá hai, aur agarche yih kabhí kam ho játá hai lekin filjumlah harkat sur mahnat se phir jári ho játá hai, aur ákhir ayám haiz tak marízah zaíf aur sust ho játí hai, aur nabz zaíf aur chehra hár zard ho játá hai. Tawaqtiki aud karne máhwári ayám haiz ke marízah ghálban pahlí hálat i sihat par á játí hai, lekin wuhí silsila az sarenau shurú hotá hai balki sháyad ziyádah sakhtí se, aur yih marz sház o nádir hí bader rahtá hai, baghair is ke ki tādá dinon kí jo ki mábain do haizon ke hotí hai, jald kam na ho jáwe hattá ke ákhirkár hanoz ek zamána ayám haiz ká ákhir nahíñ huá hai ki dusrá waqt uská nazdík á játá hai, bád iske yih marz qism doyam se ho játá hai, khwá baliház muqám marz, khwá baliház aur alámaton ki. Bájs paidá hone awwal qism is marz ke, yih bímrí un auraton ko áyad hotí hai jo damwí mízáj haiñ aur unko jo ki behar katí aur káhilí men umr basar kartí haiñ aur ziyádah ho játí hai yá paidá hotí hai basabab aish o ashrat aur garm kamron, aur bhí bahut sakht riyázat aur bahut thakánewálí mahnat ke.

Maqljah qism awwal ká.—Jo marízah ki hanoz tawáná aur damwí mízáj ho aur yih bímrí chand roz kí ho yá árzí, aur ittifáqí bájsón se láhaq huí ho to uske bázú kí fasd lení cháhiye, magar táqat marízah aur sakhtí alámat se khyál miqdár khún ká malhúz rahe. Bád iske sard chízen perhú, aur muqám warq, aur kamar, aur pusht par lagání cháhiyen. Tába kamar sard pání men baithná aur tarerá áb-i-sard ká yá sirka aur pání jism par dálná aur pichkári se furj men thandá pání dálná aur lagáná barf ká báhar aur andar rihm ke muſíd hai. Dená qawíqábiz pichkáriyon ká furj men mushtamil solution yane gholí huí alum, yá sulphate of zinc, infusion of gall, yane khisándah májú men yá joshándah oak bark men aksar muſíd hotá hai. Jaháñ ki aur tadbíren beqáidah wáqá huí haiñ iláj marquumat-uz-zail agarchi súrat-i-kharábí-i-azím hai lekin kabhí kabhí zarúratan mauqe se ámal men á saktá bai. Ek gond kí salái hoshiyári se rihm ke andar rakkhí jáwe aur bawasílah ek pichkári ke tís yá chális qatreh ek halkí solution yane gholí huí phiṭkarí yá sugar of lead ke páñch grain ek ounce pání men bahtiyát tamám andar dálí jáwen, aur salái hat्तái jáwe, bafaur is ke ki wuh pusht men dard paidá kare. Chahiye ke hamesha hutul wasah bahut jald bráz sakht jo ki miqad men jamá ho gayá hai níkálá jáwe áb-i-sard ke huknah se, aur is asní men marízah ko cháhiye ki ek se tís grain tak sugar of lead aur chautháí grain opium

lead and a quarter of a grain of opium, every two, three or four hours, according to the urgency of the symptoms. Large doses of the nitrate of potash or of the oil of turpentine have occasionally been given with success. Alum whey may be given as drink, or a very weak solution of sulphuric acid, five drops of the acid to a pint of water, made palatable with sugar. In all these cases, you should first thoroughly examine and see, if there is not a polypus, which may be causing the hæmorrhage. It is always indispensable that the patient should keep perfectly quiet, and retain the horizontal position.

Symptoms of the passive form.—The patient is habitually languid, has palpitations of the heart, and violent headaches, with throbbing and beating of the temples, singing in the ears and giddiness, all arising from debility. When the complaint has been of long standing, but not very suddenly violent, the complexion becomes sallow and cadaverous, the countenance either pinched and emaciated, or bloated and anasarca; the pulse rapid and feeble, the legs and feet dropsical, the respiration short and difficult.

The causes of the passive form.—They are caused by all those circumstances which lower the bodily powers, and weaken the action of the heart and arteries. The local causes may be blows or falls, or any other local violence; frequent and recent abortions, fluor albus, irritation in the bladder, diarrhoea, tenesmus, piles, worms, or dried faeces in the rectum, habitual or accidental constiveness, and organic or functional disease of the liver.

Treatment of the passive form.—If the individual should be plethoric, bleeding may be required. Cooling saline medicines may be taken, and the bowels kept open by an infusion of roses and epsom salts, and if it irritates the bowels, tincture of henbane may be added. Cold hip bathing, and also cold astringent injections, will be found useful. Perfect rest should be ordered. The diet should be farinaceous, and all wines left off. In the more feeble constitutions, the sulphate of zinc has been given with very great benefit, in doses of one or two grains, three times a day, made up into a pill. The steel wine also in full doses has proved

har ek do yá tín yá chár ghanṭe bād bamújib zarurat alámaton marz ke píwe. Baṛe mautádon shore ke, khár yá roghan turpentine ke dene se bāz auqát bahut fáidah hásil huá hai. Pání álum bajái pání píne ke liye diyá já saktá hai, yá ek bahut kamzor solution of sulphuric acid ká; páñch qatre acid mazkúr ke nisf botal pání men misrí milákar qábil píne ke kar diye jáwēn. In tamám hálatoñ men awwal baṄhúbí imtihán karná cháhiye, aur dekhná cháhiye ki áyá koí dumbal rihm men na ho kyunki yih dumbal bájs ijrái khún ho saktá hai. Yih bát hameshah munásib hai ki marízah apne taín baṄhúbí chupcháp rakhe aur sídhí leti rahá kare.

Alámaten marz qism doyam yane bakasrat áne khún haiz kí.—Marízah harwaqt sust rahtí hai, aur dhaṛakná dil ká aur dard sir shadid rahtá hai, aur kanpatiyon men bharak aur dhamak hotí hai, aur kánoñ men sansanáhaṭ aur daurán sír hotá hai, aur yih tamám báteñ basabab nátawaní ke hotí hain. Jab ki yih marz muzminah ho gayá ho aur dafátan uskí shiddat nahiñ huí hai to rang chehra ká zard aur murdah ká sá, aur chehra sutá huá aur lághar yá ámásídah aur phulá huá ho játá hai, nabz tund aur zaíf, aur tángéñ aur páñw misl mustasqí ke, aur tanaffus kotáh aur mushkil ho játá hai.

Bájs paidá hone ma'z qism doyam ke.—Yih bímári tamám un báton se paidá hotí hai, jo ki jisme quwwatoñ ko kam aur harkat dil o shiryán ko kamzor kartí hain. Khás bájs ho sakte hain sadmáti yá girpañá, yá koí aur khás sabab aksar aur nayá honá isqát-i-hamal ká aur ána ratúbat ká, yá harárat masáne, yá ishál aur marorá, yá bawásír, yá kíre, yá khushk baráz miqad men, yá ádatí, yá ittasfáqí inqabáz aur azwí, yá kisi tarah ká árzah jigar ká.

Maqljah qism doyam ká.—Agar marízah men ziyádatí khún malúm hotí ho to khún lene kí zarúratho saktíhai. Sard karnewálí namkín adwiyah ámal men á saktí hain, aur rodeh khole jáwen bazariyah khisándah guláb aur epsom sált ke, aur agar wuh rodon men khalish paidá kare to tincture of henbane us men shámil kyá jáwe. Kúlah tak sard pání men baīthná aur bhí thandí qábiz pichkáriyán bahut musid hongí. Maríz ko tákid istaráhat se rahne ki kí jáwe. Ghizáraqiq o muqawwí honá cháhiye, aur tamám sharáben tark kará dí jáwēn. Ziyádatar nátawaní jism wálon ko sulphate of zinc diyá gayá hai, aur usse

beneficial, acting as a tonic in numerous cases. In that form of the disease arising from a disordered liver or a retarded state of the circulation through the abdominal veins, the patient should take small doses of plummer's pill, to act as an alterative, assisted by full doses of the decoction or the extract of taraxacum. The bowels should be regulated by a pill composed of ipecacuanha, soap and rhubarb, assisted if necessary by a clyster of soap and water. Great relief will often be felt by the application of a few leeches from time to time to the anus.

Questions.

How many forms of menorrhagia are there?

What are the usual symptoms of the active form?

Enumerate some of the causes that give rise to the active form of the disease?

What treatment should you adopt in the active form of the disease?

What are the usual symptoms of the passive form of the disease?

What are the causes that may give rise to the ~~vass~~ ^{no} form of the disease?

What treatment is to be adopted in the passive form of the disease?

NEPHRITIS; INFLAMMATION OF THE KIDNEYS.

Symptoms.—More or less fever, with pain in the loins, chiefly confined to one side, which runs along the ureter towards the bladder, and down the inside of the thigh: nausea, vomiting, a constant desire to make water, retraction of the testicle of the affected side, which is sometimes swollen and painful; the urine is scanty and red. This disease may be distinguished from lumbago by the following signs. In lumbago, the pain is generally felt on both sides of the loins, in nephritis only on one side: in lumbago the pain descends to the outer side of the thigh, along the course of the sciatic nerve, and increased on motion, whereas in nephritis, the pain generally only extends to the bladder, testicle, and inside

bahat baré fáidah huá hai; yih dawá, ek yá do grain dim bhar men tím dafa golí baná kar dí játi hai. Steel wire bhí púri mautádon men aksar maríz ko fáidamand wáqa huí hai, kyunki muqawwí hai. Us qism kí bímári men jo ki bétarkibí jígar se yá ruke hue daurah khún ke se darmiyán uruq perú ke paidá hotí hai, maríz ko halki mautáden plummer's pill kí den, kyunki yih tartíb dahindah hai, aur iskí madat ke liye púri mautád josháydah yá extract of taraxacum ke dewen. Cháhiye kí rodah tartíb diye jáwen ek golí se joki banái jáwe ipecacuanha aur sabún aur rewand chíní se, aur bashart zarúrat madat kí jáwe sáth ek huqnah sábun aur páni ke, aur kabhí kabhí miqád par chand jonken lagáne se aksar barí taskín malúm hogí.

Sawálát.

Kitne iqásám árzah kasrat ámad khún haiz ke hain?

Kyá hain māmúlí alámaten qism awwal yane mutharrik kí?

Bayán karo báze báis jo ki mujib paidá hone qism awwal árzah kasrat ámad khún haiz ke hote hain.

Kyá iláj ikhtiyár karoge wáste qism mutharrik bímári mazkúr ke?

Kyá hain māmúlí alámaten qism passive yane tħahre hue árzah mazkúr ke?

Kyá hain sab'b jo ki báis hadus qism doyam árzah mazkúr ke hote hain?

Kyá iláj ikhtiyár karná chahíye qism doyam men árzah mazkúr ke?

NEPHRITIS ; YANE SOZISH-I-GURDAH.

Alámaten.—Kam o besh bukhár aur uske sáth dard kamar rahtá hai, aur yih dard ziyádatar ekhí jáníb men hotá hai, aur wahán se phail kar taraf masánah ke utar átá hai, aur tale kí taraf zánú ke játá hai. Málisch-i-dil aur qai aur har dam hájat pesháb kí hotí hai, aur usí taraf ká bezah jidhar ko khalal hotá hai charh játá hai, aur kabhí us men warm aur dard bhí hotá hai, aur pesháb thorá aur surkh rang átá hai. Is marz men aur dard kamar men tamíz alámaton zail se ho saktí hai, dard kamar men amúman dard donon jáníb men kamar ke maikum detá hai, aur sozish gurdah men fact ek-hí taraf. Dard kamar men, dard úpar kí taraf zánú ke sciatic nerve kí taraf hotá huá utartá hai, aur harkat karne se ziyádah hotá hai,

of the thigh. This disease may be caused by exposure to cold; from mechanical violence, such as a blow, twist, or fall; or it may be caused by the use of turpentine or cantharides; or by a stone in the kidney.

Treatment.—Bleeding, both general and local, by cupping or leeches, calomel purges and the warm bath. Fomentations should be constantly renewed, and if the first bleeding does not afford the necessary relief, it should be repeated again and again, according to the strength of the pulse and the urgency of the symptoms. Should suppuration ensue, you must support the strength of the patient, tranquillize him with anodynes, and perhaps give the *uva ursi*.

Questions.

What are the usual symptoms of nephritis ?

How is nephritis distinguished from lumbago ?

Enumerate some of the causes that give rise to nephritis ?

What treatment should you adopt ?

OPHTHALMIA SIMPLEX; SIMPLE OPHTHALMIA.

Symptoms.—An itching, followed soon by pain, as if sand or dust was applied to the eye, redness, heat, tension, and throbbing, aggravated by motion or light, and increased flow of scalding tears. Sometimes the eye is unusually dry. In severe cases, the pain shoots from the eye-ball as it were through the head; there is fever, a full, strong hard pulse, generally preceded by rigors. When the eye is examined in the acute stage, the vessels are observed to be superficial and distinct, and to run in *straight* lines, and when the smaller branches are injected, the conjunctiva presents a uniform red appearance. When the disease has become chronic, the vessels become *winding* in their course, and purple in colour.

Treatment.—If the pulse be hard, and the excitement great, you must bleed freely from the arm, following it up with leeches, fomentations, brisk purgatives, nauseating doses of tartar emetic and blisters. When the disease assumes the chronic form, attend the bowels, scarify the inside of the eyelids if they

khilaf iske gurdah kí sozish men dard atmúman tif taraf matánah aur foton aur níche kí taraf zánú ke phaitá hai, yih marz basabab kháne sardí ke yá kisí áseb se misl ghúnse yá maror yá girne ke paidá ho saktá hai, yá basabab istamál turpentine yá cantharides yane mulk Spain kí makkhí ke, yá babájs hone pathrí ke gurdah men láhaq ho saktá hai.

Maqljah.—Taqiyah khún ká bazariah fasd aur lagáne singion yá jonkon ke muqám marz par karen, aur mushil calomel ká dewen, aur ghusl garm pání se aur senk dambadam járí rahe, agar pahle taqiyah khún se ifaqah na howe, to nazar bar táqat maríz aur zarúrat marz ke taqiyah bárbár karte rahan, agar gurdah pak jáwe to táqat maríz kí bahál rakkhen, aur bazariah adwyah khwáb-áwar ke usko taskín dewen, sháyad dawái uva ursi ká istamál kar sakte hain ?

Sawálát.

Kaunsi mamúlí alámateyn sozish gurdah kí hotí hain ?

Kyunkar sozish gurdah dard kamar se tamíz kiyá játá hai ?

Chand bájs bayán karo jinke sabab sozish gurdah paidá hotí hai ?

Kyá iláj karná cháhiye ?

OPHTHALMIA ; YANE DUKHNÁ ÁNKHON KÁ.

Alámateyn.—Pahle khárish hotí hai, aur bádhú dard is tarah par ki goyá áñkhoñ men ret yá khák bharí huí hai. Áñkhoñ men surkhí aur garmí aur phuláo aur lapak hotí hai, aur harkat roshní se ziyádatí hotí hai, aur bahná áñsuon ká ziyádah hotá játá hai. Báz augát áñkh men ghair mamúlí khushkí páí játí hai shaddí súratoñ men bukhár bhí rahtá hai, aur nabz pur aur qawí aur sakht hotí hai, aur agar bád iske rigors yane phureriyán átí hain. Jab ki hálat-i-shiddat men áñkh ko dekhte hain to rageñ satah ki úpar aur judá aur khat-i-ustuwár men malúm detí hai, aur jab ke chhotí ragon ko muláhizah karte hain to conjunctiva surkh hotá hai, jis súrat men yih marz kohnah ho játá hai to rageñ apní ráh men pechídah ho játí hain aur arghawáni.

Maqljah.—Agar nabz men salábat howe, aur khalish ziyádah to fasd háth kí karen, aur khún khátkhwá len, aur bád iske jonken lagáwen, aur senken, aur tez julláb aur málisch paidá karnewálí mautád tartar emetic kí dewen, aur blister lagáwen. Jab ki yih marz kohnah ho jáwe to antariyon ke hál par tawajjah rakkhen,

are much swollen; employ astringent and stimulating washes, a weak solution of caustic, one or two grains to an ounce of distilled water; the vinum opii and blisters to the temples or behind the ears. When the disease is attended with purulent discharge, before you attempt to open the eyelids, bathe them well in warm water. After the termination of the disease, the eyelids are often left in a soft swollen spongy state; to remedy this, use the ordinary astringents; should these fail, apply caustic once every third day, taking great care first of all to evert the eyelid completely, and to bathe the part in a little warm milk and water after the application. In the *purulent ophthalmia of infants*, should both eyes be affected, apply one leech to each temple; give one grain of calomel and two of scammony twice a day, until the bowels are well opened; keep the eyes very clean, and the eyelids from sticking together—this may be done by injecting warm milk and water gently three or four times a day between them, and then applying a little sweet oil to them; exclude the light; keep the child in a cool, well ventilated room; use the warm bath morning and evening; examine the eye thoroughly once or twice a day, and give an occasional opiate. After the inflammation is thoroughly subdued, should the vascularity remain, or the mucous membrane be in a fungous or granulated state, employ an astringent or even a stimulating injection. Should the granular state resist this, you must apply caustic or else scarify them. On the decline of the disease, a mild tonic plan of treatment may be adopted.

Questions.

What are the usual symptoms of simple ophthalmia ?

Describe the appearance of the eye when examined, in the acute stage and in the chronic ?

What treatment should you adopt in the acute stage ?

What treatment in the chronic form of the disease ?

In the purulent ophthalmia of infants, what treatment should you adopt in the acute stage, and what in the chronic stage ?

aur andar kí taraf papoṭon ke chír den, agar un men warm ziyádah howe, aur qábiz omutharrik wásh kám men láwen, maslan ek halká sá solution caustic ká bamiqdár ek yá do grain ek ounce pání men istamál karen, aur vinum opii aur blister kanpaṭion par yá kán ke píchhe lagáwen. Jab ki is marz men rímdár mādah bhí khárij hotá ho, to qabl az chírne papoṭon ke unko garm pání se khúb dhoná cháhiye, bād ikhtitám is marz ke aksar auqát papote naram aur phúle hue aur sponge kí mánind hote haiñ; wáste un ke durust karne ke māmúlí adwiyah qábiz kám men láwen, aur agar inse kuchh fáidah na howe, to har tísre din caustic yane tezáb lagáte rahan, magar is bát ka bahut liház rahe ki awwal papote ko bilkul ulaṭ den, aur thore se dúdh aur pání men dho kar dawái mazkúreh ká istamál karen. Agar bachchoñ ko yih árzah howe, aur donon āñkhon se mawád rímdár jári howe, to ek ek joñk donon kanpaṭion par lagáwen, aur ek grain calomel aur do grain scammony yane saqmonia ek din men do martabah dete rahan, táwaqtiki antariyán bañhúbí khul jáwen. Āñkhon ko bahut sáf rakkhen, aur papoṭon ko chimaṭne na den, bazariñ dálne garm dúdh aur pání ke áhistah áhistah ek din men tín yá chár martabah, aur bād iske zará sú míthá tel un men lagáwen, makán men roshní na áne den, aur bachche ko sard hawádár makán men rakkhen, aur subah o shám garm pání se nahláwen, āñkh ko baghaur ek din men ek yá do martabah dekhte rahan, aur kabhí kabhí adwiyah opium ámez dewen, jab ki sozish bilkul rafá ho jáwe aur pardah үrúq balghamí aur dáncedár sá howe, to pichkári qábiz balki maharrik dewen. Agar yih dáne is tadbír se isláh pizír na hon, to caustic yane tezáb lagáwen, nahín to chír den. Barwaqt kam hone is marz ke iláj halká aur quwwat bañhsh ikhtiyár karná cháhiye.

Sawálát.

Kyá māmúlí alámateñ marz ophthalmia kí hotí haiñ ?

Hálat shiddat men yá jab ki yih marz kohnah par játá hai to āñkh kí shakl kaisí hotí hai ?

Hálat shiddat men kyá iláj karná cháhiye ?

Jab ki yih marz kohnah ho jáwe to kyá iláj karen ?

Jin súraton men ki bachchoñ ko yih marz láhaq howe aur mawád rímdár jári ho to hálat-i-shadíd aur kohnah men kyá iláj karná cháhiye ?

When the disease declines, what class of medicines should you give the child ?

PERITONITIS; INFLAMMATION OF THE PERITONEUM.

This disease may assume either the acute or chronic form.

Symptoms of the acute form.—This affection frequently commences by a shivering more or less prolonged, accompanied by a feeling of general indisposition and weariness in the limbs. At an uncertain period reaction takes place, and heat of skin more or less pungent, with headache, constriction of the epigastric region, a frequent, hard, concentrated pulse, together with heat and excruciating pain in the abdomen, the weight of the bed clothes even aggravating it; the patient lies constantly on his back, and cannot without increase of suffering lean to either side; he keeps his knees in a slight degree elevated. His respiration is frequent, small, and interrupted, and chiefly performed by the abdominal muscles. In some cases the abdomen becomes tense and swollen. There is also hiccup, nausea, and vomiting. The bowels are generally obstinately costive, though occasionally relaxed. The pulse, as the disease advances, is frequent and small, ranging from 120 to 130 in the minute, and feels like a small whip-cord or harp-string. The tongue is covered with a whitish fur, the urine is scanty and high coloured, and there is excessive thirst, which the patient fears to gratify in consequence of the vomiting which ensues. The disease may remain stationary for thirty or forty days, but in most instances, the patient sinks in sixteen or twenty-four hours unless relieved. The approach of death is marked by a cessation of pain, by the pulse becoming quicker, smaller, and very weak, feeling like a soft undulating line; the extremities and the whole body becomes cold, the abdomen becomes more tumid and tense, but in some cases soft and relaxed; the face is sunk and especially hollow round the eyes; the vomiting is succeeded by regurgitation of the liquid contents of the stomach; sometimes delirium or comat, at other times, convulsions of the head or limbs. Acute peritonitis may terminate by resolution, by effusion, by gangrene, or it may assume the chronic form. *Resolution* may take place between the fifth and twentieth day. It is indicated by a cessation of pain, fever, and other inflammatory symptoms; the neighbouring organs resume

Jab ki marz kam hone lage to kis qism ke adwiyah dení cháhiye?

PERITONITIS.

Yih bímári do qism kí ho saktí hai, shadíd yá kohnah.

Alámateñ qism shadíd kí.—Yih bímári aksar shúrú hotí hai sáth ek larzeh ke jo ki bahut yá thorí der rahtá hai, aur málum honá kasalmandí aur sustí-i-azá ká iske sáth hotá hai, ek betahqíq waqt men əmal is ká muqarrar wáqá hotá hai, aur garmí jild kí kam yá ziyádah tez ho játí hai, sáth dard sir aur bastgí-i-nuqám-i-báláe medeh ke, aur nabz sarí aur sakht aur pechídah hotí hai, aur garmí aur taklíf dihandah dard is qadar perú men hotá hai, ki bojh bistar ke kapron ká bhí use ziyádah kar detá hai. Maríz hameshah chit pará rahtá hai, aur bidún ziyádatí taklíf ke karwat nahín le saktá hai, aur apne ghuṭnon ko filjumlah únchá rakhtá hai. Uská tanaffus sarí aur kotáh aur ruká huá hotá hai, aur liyá játá hai sáth puṭṭhon mutalliq perú ke. Bazí hálaton men perú tan aur phúl játá hai, us men lichkiyán aur ghasyán aur qai áná bhí hotá hai. Ánten əmúman niháyat shiddat se munqabiz ho játí hain, go kabhí kabhí dhílí par jáwen. Jab ki yih bímári barhtí hai nabz sarí aur patlí hotí hai, aur ek sau bí se ek sau tís tak ek minute men harkat kartí hai, aur mahsús hotí hai, misl ek chhoṭe chábuk kí dor yá tár barbat ke, zubán safedí mál kántón se chhip játí hai, pesháb kam átā hai, aur niháyat rangín hotá hai, tishnagi bashiddat hotí hai, lekin maríz babáis khyíl istafrágh kuchh pí nahín saktá, is andeshah se ki istafrágh hotá hai. Yih bímári qáyam rah saktí hai tís yá chálís din tak, lekin aksar muqám men yih daryást huá hai ki darsúrat iláj na hone ke maríz kí hálat solah yá chaubís ghanṭe men tabáh ho játí hai. Qurb maut ká mauquf-i-dard aur tezí aur báríkí aur záuf nabz se málum ho játá hai, nabz is mauqá par misl ek laharnewále mad ke mahsús hotí hai, háth pánw aur tamám jism sard rahtá hai, aur perú ziyádatar ámásídah aur sakht ho játá hai, magar bazí hálaton men muláyam aur dhílá bhí hotá hai, chehráh utar játá hai, aur khasúsan ánkhon ke gird halqeh par játé hain, bád qai áne ke yih hotá hai ki mawád raqíq medeh ká wápis játá hai, báze waqt hizyán yá behoshí, aur báze auqát sir yá azá men tashannuj hotá hai.

Qism shadíd iktitám pá saktí hai sáth tahlíl hone yá ziyádah

their functions, the patient can turn on his side, and bear pressure on his abdomen, (which should in all cases be made with the palm of the hand, and not with the points of the fingers,) nausea and vomiting disappear, the pulse becomes slow and soft, the urine abundant, the perspiration copious, and the sleep is quiet and refreshing. *Effusion*: the fluid effused may be serum, pus, or in some rare instances blood; they may exist singly or in combination with each other, or with coagulable lymph. The symptoms which denote effusion, are diminution of the abdominal pain, with sense of weight and oppression in the affected part, irregular chills, softness of the pulse, paleness of the countenance, and coldness of the extremities; fluctuation may also occasionally be felt. *Gangrene*: the symptoms of this termination, are sudden cessation of the abdominal pain, smallness of the pulse, which becomes concentrated and intermitting, extreme prostration of strength, a peculiar sardonic grin, and speedy death. This termination of the disease is very rare.

Treatment of acute peritonitis.—You should bleed your patient in the arm, making a large orifice, and allow the stream to flow, either until the pain is relieved or weakness of the pulse and faintness is produced. Having allowed your patient to recover from the faintness, his abdomen should be slightly fomented with warm water, wiped dry, and leeches should be applied in numbers proportioned to the urgency of the symptoms and strength of the patient. In a robust adult, fifty or sixty is the usual number. They should be especially concentrated over the parts where most pain and tenderness on pressure exists, and after they have fallen off, fomentations with cloths dipped in warm water should be assiduously applied and repeated for some time, to encourage the bleeding and soothe the irritation of the inflamed parts. The leeches may be repeated several times, as long as any considerable soreness remains. Either before, or during the application of the

hone ratúbat yá sar jáne ke yih marz qism kohnah se ho játá hai. Hálat tahlíl wáqa ho saktí hai páñchwen din se bíswen roz tak, sur uskí shanákhṭ yih hai ki dard aur bukhár aur aur alámateñ warm kí záil ho játí hain, aur qarib ke azá men quwwat aur harkat apne apne kám karne kí dobárah á játí hai, aur maríz karwat le saktá hai, aur agar uske shikam ko dabáwen to sahár saktá hai, (magar yih yád rahe ki shikam ko har hal men hathelí se dabáná cháhiye, aur ungliyon se nahín), aur ghisýán aur qai ka ána mauqúf ho játá hai, nabz sust aur muláyam ho játí hai, aur pesháb aur pasíná bahut átā hai, aur nínd áram se átī hai, aur usse istaráhat hotí hai ziyádatí-i-ratúbat. Mawád raiq jo ki ziyádah ho játá hai wuh yá to zard áb yá rím yá bazí súraton men magar sház o nádir khún hotá hai, yih mawád ho saktá hai tanhá yá báittisáq aur shamul ek dúsre ke yá sáth qabil injamád *ratúbat* ke. Alámateñ jin se záhir hotá hai ki *ratúbat* ziyádah ho gaí hai weh yih hain, ki dard shikam kam ho játá hai, aur muqám marz men bojh aur dabáo malum hotá hai, beqáidah khun kí aur muláimat nabz kí, aur zardí chehráh kí, aur sard honá háth pañw ká, aur kabhí kabhí beqaráfi bhí malum hotí hai. *Sarjáná*: Alámateñ is tarah par khatam hone is marz ke yih hain ki yakáyak dard shikam mauqúf ho játá hai, aur nabz bárík aur mutwaqqif ho játí hai, aur táqat niháyat záil ho játí hai, aur maríz jalú mar játá hai, magar yih anjám bímári mazkúr ká bahut kam hotá hai.

Maqljah qism shadíd sozish pardah shikam ká.—Maríz kí fasd bázú men gahrá nashtar dekar kholen, aur khún ko nikalne den, yá to jab tak ki dard mauqúf ho jáwe yá nabz zaíf par jáwe aur ghash ájáwe. Aur bímár ko hálat-i-ghashí se jab ifáqat ho to cháhiye ki uská shikam áhistah áhistah garam pání se senken aur poñchh kar khushk karen, aur jonken muwáfiq zarúrat alámaton aur baliház táqat maríz ke lagáwen. Tawáná jawán ke liye pachás yá sáth joñkon kí mamálí tādád hai, aur jonken khasús us muqám par ziyádah lagáwen jahán ki dard aur amáo ziyádah ho, aur jab ki wuh chhuṭ jáwen to garam pání men kaprá tar karke muqám mazkúrah par rakkhen, aur bár bár kuchh ársah tak rakhte rahan, is nazar par ki khún nikaltárahe, aur muqám marz ko taskín bakhshe. Jonken mukarrar o sikarrar lagáí já saktí hain jab tak ki dard men ziyádatí rahe. Khwá peshtar, yá darmiyán lagáne joñkon ke páñch se das grain tak calomel mañ ek yá do grain opium ke dená chá-

leeches from five to ten grains of calomel, with one or two of opium, should be given, which may be repeated in diminished doses every three or four hours. After the second or third dose, the bowels should be opened with a clyster, and if the stomach is not irritable, you may give an ounce of castor oil in any aromatic water, but not in wine, spirits or coffee. If vomiting is urgent, the rochelle salts with the carbonate of soda in a state of effervescence, with lemon juice, may be used in repeated doses, so as to produce a moderately laxative effect. Having evacuated the bowels, the calomel and opium should be resumed, until salivation is produced, by which all the symptoms become mitigated. The warm bath may occasionally be used, and repeated warm fomentations to the abdomen will tend much to relieve the pain and soreness. After the inflammatory action is subdued, great relief will be obtained by the application of flannel to the abdomen dipped in turpentine, in preference to the common blisters. In a tympanic state of the abdomen, resulting from a mere loss of tone, small quantities of wine and brandy may be given at short intervals. Frictions of the abdomen, and injections of beef tea, bark, or sulphate of quinine, turpentine or tincture of assafœtida, with a moderate quantity of laudanum, may be repeated every two or three hours. When the inflammation is acute, the diet should consist of merely small quantities of rice or barley water ; but during convalescence, he may cautiously take small quantities of animal food and wine, keep his bowels regular, by the vinum aloes, and his feet dry and warm, and wear flannel next to his skin.

Treatment of Chronic Peritonitis.—When far advanced, this disease in most cases is incurable; much will depend on arresting it at an early stage. When there is abdominal pain and tenderness, and the constitution of the patient is not very much debilitated, you may bleed him to the extent of six or eight ounces, which may be repeated twice a week, until the symptoms have disappeared. The abdominal soreness may be relieved by the frequent application of leeches. The bowels should be regulated by gentle aperients and clysters. The warm bath or fomentations to the abdomen may be frequently employed, and flannel steeped in turpentine may occasionally be applied to relieve the tenderness. When the pain and soreness are mitigated, if serous effusion

hiye, aur is dawá ko ghaṭá kar tín tín yá chár chár ghanṭe bād dene ká ikhtiyár hai. Bād do yá tín māutádon ke cháhiye ki ánten kholí jáwen sáth ek huqnah ke, aur agar medeh irritable na ho to ek ounce castor oil kisí khushbúdár pání men miláwen, lekin kisi qism kí sharáb yá qahwá men na ho. Agar istafragh ká ghalbá ho to rochelle salt hamráh carbonate soda ke bích us hálat ke ki josh kartá ho arq lemon ke sáth bích mutwatir māutádon ke dewen, is tarah par ki wuh talín kare. Bād khálí karne rodon ke calomel aur opium ká phir istamál kiyá jáwe jab tak ki munh á jáwe, kyunki isse tamám alámat kam ho jatí hain. Garam pání se kabhí kabhí nahlá sakte hain, aur istamál mukarrar garam senkon ká medeh par wáste ifáqat dard aur taklíf ke bahut músfid hogá. Bād kam hone sozish ke flannel ke turpentine men gotah de kar lagáne se shikam par ziyádatar fáidah hogá nisbat blis-teron ke. Jis hálat men ki shikam basabab nuqsán quwwat ke aphrá huá howe to mukhtasir miqdáren sharáb angúr aur brandy ke thore thore fásle se dí já saktí hain. Malná shikam ká aur pich-káriyán áb-i-gosht baqar yane gosht gáw yá bark yá sulphate of quinine aur turpentine yá tincture assafetida ke sáth māutadil miqdár laudanum kí dí já saktí hain pai dar pai do do yá tín tín ghanṭe bād. Jab ki sozish shadíd ho, cháhiye ki ghizá mushtamil ho sirf mukhtasir miqdáren cháwal kí pích yá ásh-i-jau se, lekin asnái ifáqat men maríz bahut ahtiyát se thorá thorá gosht kháwe, aur sharáb-i-angúr píwe, magar qadar-i-qalíl, aur rakkhe apne rodon ko murattib sáth vinum aloes ke, aur apne páñw ko khushk aur garam aur pahne flannel badan se chimtí huí.

Maáljáh qism kohnah sozish pardah shikam ká.—Jab ki yih bímári bahut barh jatí to aksar auqát iláj pazír nahín ho saktí; is marz ko ibtidáhí men rokná cháhiye. Jab ki shikam men dard aur amáo ho, aur jism maríz ká bahut nátaqwán nahín huá hai, to bazariḥ fasd ke khún chhah yá áth ounce tak le sakte hain, aur táwaqtíki aláma-teten rafā na ho, to fasd har haftah men do martabah kar sakte hain. Dard shikam ko basabab aksar lagáne jónkon ke ifáqá ho saktá hai; Rodeh tartíb diye jáwen sáth halkí adwiyah mulayyan aur huqnah ke. Garam pání se naháná yá senk shikam par aksar kám men á saktí hai, aur párchah flannel bhigoyá huá turpentine men kabhí kabhí wáste ifáqat amáo ke lagáyá já saktá hai. Jab ki dard aur sul kam ho jáwe, aur raqíq rezish jári rahe, to marham markú-

exists, the following ointment rubbed gently into the abdomen night and morning, has proved highly beneficial in numerous cases.

Hydriodate of potass, four scruples.

Simple ointment, four ounces.

Strong mercurial ointment, four ounces.

While the effusion continues, tonics, combined with diuretics, are indicated. The ferrum tartarizatum in solution, combined with compound spirit of juniper or good gin, is as good as any, as it acts on the kidneys, and improves the patient's general health. The diet may now be a little more nutritious; milk in small quantities appears the most suitable.

Questions.

How many forms of the disease are there?

What are the usual symptoms attending the acute form?

What are the signs of a fatal termination to the disease?

How may acute peritonitis terminate?

What is the treatment to be pursued in acute peritonitis?

What treatment would you follow in the chronic stage of the disease?

PERTUSSIS; HOOPING COUGH.

This disease is one of those which regularly occur but once in the same individual, and that generally in infancy.

Symptoms.—Hooping cough commences like an ordinary catarrh, with feverishness, thirst, a running at the nose, tenderness of the eyes, and a frequent dry cough; these symptoms usually continue from four to ten days, at which period the cough changes its character, and assumes its peculiar convulsive form of the disease. It occurs in paroxysms, at intervals of half an hour, to three or four hours, and is accompanied by long and noisy inspirations, with a crowing and whooping sound. During the paroxysm the patient usually shows all the signs of impending suffocation; the face and neck become red, swollen, and often livid, the vessels of the head are full, and a tensive pain is felt in the forehead, the eyes water, and appear as if starting from their sockets; the pulse becomes quick, and the patient is agitated. This state continues for a few minutes, when a

mat-uz-zail rát ko aur subah ko áhistah áhistah shikam par malná aksar hálaton men niháyat mufid huá hai.

Hydriodate of potass, chár scruple.

Simple ointment, chár ounce.

Strong mercurial ointment, chár ounce.

Jab ki bahná mawád ká járí rahe, to adwiyah muqawwí bashamúl adwiyah mudir ke munásib hain. Ferrum tartarizatum in solution bashamúl compound spirit of juniper yá achchhí sharáb gin ke bahut achchhá iláj hai, kyunki wuh asar kartá hai gurdon par aur bihtar kartá hai maríz kí ám sihat ko. Is hálat men ghizá zará ziyádah qawí ho aur thorá thorá dúdh dená niháyat munásib hai.

Sawálát.

Kis qadar iqsám is bímári kí hotí hain ?

Kyá hain aksar alámaten jo ki qism shadíd ke sáth hotí hain ?

Kyá hain asár muhlik bímári mazkúr ke ?

Kis tarah qism shadíd is árzah kí áakhir ho sakti hai ?

Kya maaljáh ámal men láná cháhiye bich qism shadíd árzah peritonitis ke ?

Kyá ilaj karná cháhiye darjah kohnah men is marz ke ?

PERTUSSIS ; YÁNE KÚKAR KHÁNSÍ.

Yih bímári un marzon men se hai jo ki begáidah siraf ek dasa ek shakhs ko hotí hai, aur aksar auqát bachpan men.

Alámaten.—Kúkar khánsí shúrú hotí hai misl māmúlí árzah zukám aur nazlah ke, aur uskí tap se, aur piyás hotí hai, aur nák se pání játá hai aur áñkhon men dabáne se dard mālúm hotá hai, aur aksar khushk khánsí átí hai, yih alámaten aksar jári rafti hain chár din se das din tak, aur is asnáe men khánsí apní súrat badal dáltí hai, aur khás durust súrat kúkar khánsí kí pakartí hai. Wuh waqah hotí hai naubaton aur báriyon men bich muáfáilon ke ádhe ghanṭe se tén yá chár ghanṭe tak, aur us ke sáth daráz aur guldár tanaffus sáth khánsí aur khurrah ke hotá hai. Darmiyán naubaton ke maríz ke hál se aksar ásár jald ghuṭ jáne dam ke numáyán hote hain chehra aur gardan surkh aur phúlí huí hojáti hai aur aksar nílgun, aur ragen sir kí phúl játí hain, aur máthe men dard hotá hai, áñkhon se pání nikaltá hai, aur aisi malúm deti hain ki goyá báhar niklí átí hain, nabz terü

large quantity of mucus is vomited up; the cough ceases, and the patient gradually recovers tranquillity. In severe cases, discharges of blood may take place during the paroxysms, from the nose, eyes, lungs or stomach; involuntary discharges may also occur from the bladder and bowels. When the second stage has fairly set in, the symptoms of catarrh in favorable cases abate, and the fever is often very slight; the cough declines in severity about the fourth week, the secretion of mucus becomes more abundant, the cough is looser, the paroxysms less violent and fatiguing, and the intervals longer, until at length in two or three months, from the first onset, the disease ceases altogether.

Treatment.—The chief object is to avert inflammations or congestions of important organs, as the lungs, brain, or stomach. First give an antimonial emetic, then supposing the child to be one or two years old, give it a draught containing one drop of laudanum, five drops of ipecacuanha wine, and two grains of soda, in four drachms of water. For a purgative, give calomel and rhubarb. The state of the lungs should be narrowly watched, lest bronchitis or pneumonia supervene; any appearance of inflammation should be met by bleeding, purging, and nauseating doses of tartar emetic, if the child be old enough. Exposure to cold must be avoided; change of air will generally remove any residue of the cough. When hooping cough becomes complicated with bronchitis or pneumonia, the greatest care is necessary; the lancet is indicated, profuse and continued purging should be avoided. When irritability of the stomach will not admit of ipecacuanha or tartar emetic, you must then chiefly rely on bleeding, blistering, the warm-bath, and small doses of nitre. The blistering is most beneficial after effusion has taken place in the bronchi and air cells, after which period we must be cautious about any further bleeding. To promote expectoration, antimonials may be employed if the patient be old enough, as also calomel and ipecacuanha, but in very young children, an occasional emetic of ipecacuanha wine and syrup of squills will answer much better, with small doses of the hydrargyrum cum creta and ipecacuanha powder from time to time. The strictest

ho játí hai, aur maríz beqarár rahtá hai. Yih hálat chand lahma tak járí rahtí hai jab kí ek bahut balgham munh se nikal játá hai to khánsí mauqúf ho játí hai aur maríz ko batadríj aman o árám hásil hotá hai. Is marz kí sakht hálaton men khún bhí darmiyán naubaton ke átá hai, nák yá áñkhon yá phephre yá medeh se, aur kabhí kabhí beiñhtiyári men baz auqát masánah aur antariyon se bhí iñhráj hotá hai. Bäd shurú hone darjah doyám ke alámateñ zukám o nazlah ke darsúrat sihat pazír hone marz ke kam ho játí hain, aur tap bhí aksar anqát bahut khafí hotí hai aur qarib chauthé hafte ke sakhtí khánsí ke bhí kám ho játí hai aur kam taklíf detí hai aur der kar uthtí hai hattaki ákhirkár do tín mahíne men ágláz bímári se árzah mazkúr bilkul mauqúf ho játá hai.

Maáljah.—Bará matlab yih hai ke dasiñ sozish yá ijtamá khún ká azai raísá men misl phephrah aur dimágh yá medeh ke malhúz rahe. Awwal koí antimonial emetic dewen, bäd us ke agar larká ek yá do baras ká ho to ek mautád jo kí mushtamil ho ek qatrah laudanum aur páñch qatrah ipecacuanha wine, aur do grain soda se chár drachm pání men piláwen. Bataur mushil calomel aur rewand chíní dí jáwen. Hálat phephrah per baahtiyát tamám liház rahe, mubádá bronchitis yane sozish i үruk khishnah, yá pneumonia yane sozish i phephrah paidá ho jáwe aur agar koí zahúr sozish ká malúm ho to us ká iláj khún lene aur julláb dene aur qaiawur mautádon tártañ emetic se ámal men áwe, basharteki larká zara bara ho. Maríz ko sardí ná pahunchne den, tabdili hawá kí aksar kísí jagah ko, kúkar khánsí ko dúr kar detí hai. Jabki kúkar khánsí ke sáth sozish үruq khishnah, yá sozish phephrah bhí ho to niháyat ihtiyát pur zarúr hai, khún lená munásib mutsawwar huá hai, aur ziyádah aur hameshah julláb ká dená bhí mamnú hai. Jabki irritability yane harárat-i-medeh ke ipecacuanha aur tártañ emetic ko qabúl ná kare to cháhiye ki ziyádah lene fasd aur lagáne blister aur garam pání men baitháne aur khafí mautáden shore ke dene se iláj karen. Istamál blister ká darsúrat hone rütúbat ke үruq khishnah aur air cells men bahut muñid hotá hai magar bäd iswaqt ke cháhiye ki ziyádah tar khún lene men ihtiyát malhúz rakkhen. Wáste fáidah iñhráj balgham ke antimoniais yane adwiyah murakkab surmah kí, aur bhi ipecacuanha aur calomel de sakte hain basharteki maríz kí umr

attention should be paid to the state of the gums and of the bowels, and local determinations, particularly to the head, must be avoided. When convulsions occur, change of air will be found of essential service to the child.

Questions.

How often does the hooping' cough occur to the same person?

Describe the symptoms of hooping cough.

What treatment should you adopt?

When hooping cough becomes complicated with bronchitis or pneumonia, what should you do?

PHTHISIS PULMONALIS; CONSUMPTION.

Symptoms.—Phthisis generally commences with a slight dry cough, which may last for months or years. Sometimes the cough is severe from the commencement, and is accompanied with a mucous expectoration, or spitting of blood may set in and return at different intervals, and give the first sign of the disease. The patient complains of great languor. The slightest exertion, such as walking up a hill, or going up stairs, hurries the breathing; the pulse is more frequent than natural. By degrees the cough and expectoration increases, and hectic fever appears. Two exacerbations in general take place in the twenty-four hours, the first towards noon, and the other about five or six o'clock in the evening, accompanied with a sense of chilliness for about an hour, then the skin becomes warm, and the pulse is accelerated, the patient complains of thirst and uneasiness; in five or six hours, perspiration breaks forth, after which he falls asleep, and when he wakes up finds himself in a profound sweat. He now begins to lose flesh rapidly, and becomes more feeble; diarrhoea now sets in, the cheeks become hollow, and in the centre of them you will see a round patch of a bright colour, the sure sign of hectic fever.

ziyádah ho, lekin bahut chhoṭe' bachchon ko kabhí kabhí mauqā par istamál emetic, ipecacuanha wine aur shírah squills ká mufid hogá sáth chhotí mautádon hydrargyrum cum creta aur ipecacuanha powder ke jo kí kabhí kabhí di jáwe. Tawajah tamám rakhní cháhiye hál par masúron sur rodon ke, aur yih bhí khyiál rabe ki khún kisí muqám marz men ṭahr na jáwe khasúsan sir men. Jab ki tashannuj waqá ho to tabdil áb o hawá kí bachche ke wáste niháyat mufid páí gáí hai.

Sawálát.

Kai dafa kúkar khánsí bamújib qáidah ke wáqah hotí hai ek shakhs ko?

Bayán karo alámaten kúkar khánsí kí?

Kyá iláj karná cháhiye?

Jab ki kúkar khánsí ke sáth sozish үruq khishnah yá sozish phephráh bhí ho to kyá karen?

PHTHISIS PULMONALIS; YANE BÍMÁRÍ-SIL.

Alámaten.—Árzah sil aksar shurú hotá hai sáth ek khafif khushk khánsí ke jo ki sháyad mahínón yá barson rahtí hai. Baze waqt yih khánsí ibtidá hí se shiddat kí hotí hai aur uske sáth i᷍hráj balgham hotá hai yá mukhtalif auqát men maríz khún thúkne lagtá hai, aur yih pahlí alámat is marz kí hotí hai. Maríz shikáyat niháyat zauf o natawání kí kartá hai. Halkí halkí sí koshish misl ek pahaṛ par chalne yá zínah par chárne se uská dam jald chalne lagtá hai aur nabz nisbat aslí hálat ke niháyat jald aur tezrau ho játí hai. Batadríj khánsí aur i᷍hráj ziyádah hota játá hai, aur tap-i-diq zahúr kartí hai. Do exacerbation chaubís ghanṭe ke arse men aksar wáqá hote hain, pahlá qaríb dopahar din chárne ke aur dúsra qaríb páñch yá chhah ghanṭe baje shám ke, aur uske sáth malum honá sardí ká qaríb ek ghanṭe ká malum hotá hai, bád azán jild badan kí garam aur nabz tezrau ho játí hai, maríz piyás aur beqaráf aur beárámí kí shikáyat kartá hai, bád páñch chhah ghanṭe ke pasíne chhuṭtá hai. Is hálat men uske jism ká goṣṭ bahut jald kam hotá játá hai, aur ziyádatar nátawán ho játá hai is mauqá par ishál shurú ho játá hai, ruķhsáron men gaṛhe par játe hain, aur unkí wast men ek gol dhabbah tábindhah surkh rang ká numáyán hotá hai, jo ki yaqíní alámat tap-i-diq kí hai.

Treatment.—This disease when once thoroughly established in a scrophulous patient is incurable, though you may afford very great relief by palliating the symptoms as they arise, and thus prolong life perhaps for many years. The patient should compose his mind as much as possible, and be kept free from all excitement; his diet should be light and nourishing; his clothing warm and light, he should never fatigue himself, he should live in a steady climate, as bad and changeable weather would injure him; he should attend to the state of his bowels, and never allow them to become costive. Small general and local bleedings should occasionally be resorted to for the purpose of relieving the pain in the lungs. Should there be much purging, and the stools watery, dark coloured and fetid, an uneasiness felt in the abdomen, a few leeches should be applied, followed up by the tartar emetic ointment.

Questions.

What are the usual symptoms of phthisis pulmonalis ?

Is the disease curable in a scrophulous patient ?

What treatment should you adopt ?

PLEURITIS ; PLEURISY.

Symptoms.—There is fever, with an acute sharp stabbing pain in the chest, with immobility of the ribs over the affected part, respiration painful, frequent and hurried, quick during inspiration, and slow in expiration; the patient lies on the affected side or on his back; the affected side is often enlarged. Pleurisy may be distinguished from rheumatism of the muscles of the chest in the following manner; in the latter, the least touch causes pain and soreness, which it does not in pleurisy; in acute rheumatism, there is profuse sweating, such as there is not in pleurisy, but there is not in rheumatism that general disturbance of the constitution that there is in pleurisy. The pain in pleurisy is only felt at the lowest part of the chest, not in front or at the back, but to the side.

Maáljah.—Yih bímári jabki ek scrophulous maríz men bilkul jagah pakar játí hai to lájáj hotí hai, agarchi bazariah kam karne ásár alámaton ke jo ki paidá hote hain maríz ko bahut ifáqat rah-saktí hai aur istarah se sháyad chand baras jí saktá hai. Maríz ko cháhiye ki apne dil ko hattul imkán bahut taskín dewe aur tamám tashwíhat se ázad rakkhá jáwe, aur ghizá subuk aur quwwat dahindeh aur poshák sabuk aur garam, aur cháhiye ki apne taín kabhí na thákáwe, aur haraj-o-marj ná kare, aur aise muqám men rahe jahán ki mausam ek hálat par rahtá ho kyunki burá aur badalne wálá mausam use nuqsán degá aur hálat rodon par tawajjah rakkhe aur kabhí unheñ munqabiz ná hone dewe. Kabhí kabhí mauqá se tanqiah ám aur khás bhí filjumlah khún lene se wáste taskín dene dard phephre ke kiyá jáwe. Agar maríz ko bahut dast áte hon aur baráz raqíq pání sá átá ho aur siyáh rang aur mutáffin hon aur shikm men beáramí málum hotí ho to chand jonkeñ lagání cháhiyen, aur uske bäd marham tartar emetic ká istamál kiyá jáwe.

Sawálát.

Kyá hai khásiyat us bímári kí jo ki sil kahlátí hai?

Jabki yih bímári serophula men wáqa howe to qabil iláj hai yá nahín?

Kyá maáljah iķhtiyár karná cháhiye?

PLEURITIS; YĀNE ZÁT-UL-JAMB.

Alámalet.—Is bímári men tap hotí hai, aur síne men dard shadíd misl súl ke rabtá hai, aur jis taraf dard hotá hai us taraf kí pasliyán harkat nahín kartín, dam lene se dard hotá hai aur dam jald átá hai is tarah par ki barwaqt tez dam lene ke aur áhistah dam chhoerne men maríz us pahlú se pará rahtá hai jis taraf dard hotá hai yá chit, aur pahlú jis men dard hotá hai aksar daráz ho játá hai. Is marz men aur us dard ríhí men joki chhátí ke paṭthon men hotá hai is taur par shanákht ho saktí hai ki pichhlí bímári men zará háth lagáná bhí bájs dard aursúl ká hotá hai jo ki zát-ul-jamb men nahín hotá aur shadíd dard ríhí men is qadar ziyádatí se pasiná átá hai ki zát-ul-jamb men nahín átá lekin dard ríhí men wuh ám takallul jism ká nahín hotá joki zát-ul-jamb men hotá hai. Árzah zát-ul-jamb men sirf níche sínah ke dard mslím hotá hai aur áge yá pusht men nahín hotá, balki pahlú men hotá hai.

Treatment.—Bleeding, both general and local, the extent of which must be regulated by the violence of the fever, and of the pleuritic pain, then salivate as quickly as possible, and after a time apply blisters, or counter-irritation, using the tartar emetic ointment freely over the part affected; regulate the bowels with laxatives and administer diuretics, and keep the patient on very low diet for a considerable time. If the effusion is of long standing, the diuretics may be combined with bitters; the following mixture will answer the purpose.

Take of compound infusion of gentian, one ounce.

Tincture of bark, two drachms.

Tincture of cantharides, ten minimis.

Acetate of potash, ten grains.

This draught to be given two or three times a day. The patient must carefully avoid exposing himself to fresh cold, and avoid all violent exercise.

Questions.

What are the symptoms of pleurisy ?

How may pleurisy be distinguished from acute rheumatism of the muscles of the chest ?

What treatment should you adopt in pleurisy ?

PNEUMONIA; INFLAMMATION OF THE LUNGS.

Symptoms.—There is fever, difficulty of breathing, cough and a sense of weight and pain in the chest, particularly in a recumbent position, or when lying on the side affected, accompanied with great anxiety and thirst. At the commencement of the disease, the pulse is full, strong, hard, and frequent, but in a more advanced stage, it is commonly weak, soft, and irregular. At first the cough is frequently dry and without expectoration, but in some cases it is moist, even from the first, and the matter spit up is various both in colour and consistence, and is often streaked with blood. If relief is not afforded in time, and the inflammation proceeds with such violence, as to endanger suffocation, the vessels of the neck will become turgid and swollen, the face will turn purple, an effusion of blood will take place into the cellular substance of the lungs, and the patient will be suffocated. Some-

Maq̄ijah.—Taqqiah ám yá khás khún ká munásib hai aur miqdár uskí bamújib sakhtí bukhár aur dard ke ho, bād is ke jis qadar jald mumkin ho maríz ká muñh láná cháhiye aur bād thore arse ke blister yá counter-irritation kám men láwen, marham tárta emetic ko muqám-i-dard par maleñ aur rodon ko sáth adwiyah muláyan ke tartíb den, aur adwiyah mudir ká bhí istamál karen, aur maríz ko muddat tak bahut thorí ghizá par rakkheñ. Agar effusion muddat se ho to adwiyah mudir ho saktí hain shamil kí gaísáth adwiyah talkh ke, aur mixture yane majmuä marqúmat-uz-zail bahut muñid hogá.

Compound infusion of gentian, ek ounce.

Tincture of bark, do drachm.

Tincture of cantharides, das minim.

Acetate of potash, das grain.

. Yih nuskhá diyá jáwe do yá tín dasa ek din men. Maríz ko cháhiye ki apne taín baahtiyát tamám sardí se bacháwe aur har qism ki sakht riyázat se ahtaráz kare.

Sawálát.

Kyá alámateñ zát-ul-jamb kí hotí hai?

Kyunkar zát-ul-jamb shanákh kiyá játá hai dard ríhí ke sínah ke patthón se?

Kyá iláj zát-ul-jamb men karná cháhiye?

PNEUMONIA ; YANE SOZISIİ PHEPRAII.

Alámateñ.—Is marz men tap aur diqqat tanaffus aur khánsí aur malum honá bojh ká aur dard ká sínah men, khasúsán jhukne men, yá pare rahne men pahlú se dard hotá hai, aur uske sáth niháyat tashwísh-i-khátir aur piyás hotí hai.

Is bímári ke ágház men nabz mumtalí aur qawwí aur sakht áur sarı hotí hai, lekin darsúrat ziyádah bañh jáne marz ke wuh aksar zaif aur muláyyam aur begáidah hotí hai. Ibtidá men khánsí aksar khushk aur baghair balgham ke hotí hai, lekin bañí hálaton men ibtidáhi se tar yane ratúbatdár hotí hai, aur balgham jónikaltá hai wuh muñhtalif hotá hai rang aur ghilázat men, aur aksar auqát us men khún ke dhabbe hote hain. Agar bar waqt naubat ke tadáruk nahín kyá jáwe to sozish sáth aisi sakhtí ke barhe ki jisse khauf galá band ho jáne ká ho, rageñ gardan ki ámasidah aur sújí huí ho játin hain, chehra arghwání aur surkh ho játá

times notwithstanding every attention having been paid to the disease, it will run on to suppuration, which event may be known by frequent slight shiverings, with an abatement of the pain, and a sense of fulness in the part, and by the patient being able to lie on the side affected, without great uneasiness. This disease proves fatal generally by suffocation, which usually happens between the third and seventh day, or else it may terminate fatally by suppuration or gangrene.

Treatment.—Begin by large and copious bleeding from the arm, to the extent of twenty-four or thirty-six ounces of blood, which may be extracted twice or thrice in the twenty-four hours, due consideration being had to the severity of the attack, the constitution and age of the patient. It is often advisable to apply leeches or cupping over the part, a few hours after the first bleeding, more especially if there is any appearance of pleurisy. Tartar emetic should then be given to such an extent, as to keep up a strong feeling of nausea, not vomiting; calomel may also be combined with the antimony. The antiphlogistic regimen is strictly to be adhered to; when the active inflammation is reduced, large blisters or the tartar emetic ointment may be applied with very great advantage. To quiet the cough, demulcents may be given. Inhaling steam will assist in bringing about expectoration, and nauseating doses of squills will relieve the patient from the viscid matter collected in the wind-pipe. When the complaint declines, and there is a copious expectoration, tonic medicines with nutritious diet become necessary to support the strength, and the same means will be proper should it go on to suppuration. Should any organic changes have taken place, such as hepatization or ulceration of the lungs, great caution is required to prevent the patient falling into a consumption.

Questions.

What are the symptoms of pneumonia?

hai, aur “cellular substance” men pheprah ke, khún utar átá hai, aur maríz ká galá ghuṭ játá hai. Baze waqt báwajúd iske tawajjah tamám mabzúl huí hai bímári mazkúr par, lekin is par bhí pheprah pak játá hai, aur pakáo daryást ho saktá hai in bátoŋ se kí maríz ko aksar khafíf phureriyán átí hain aur dard kabhí kam ho játá hai, aur muqám mazkúr men púrí malum detí hai, aur maríz us pahlú se jis men khalish hotá hai, baghair malum karne ziyádah bechainí ke let saktá hai. Aksar auqát maríz is marz men galá band ho kar martá hai, aur yih bát amúman tísre din se sátwen din tak wáqa hotí hai, yá ikhtatám is bímári ká yun hotá hai ki kalejah pak játá hai yá sar játá hai jisse maríz jáybar nahiñ ho saktá.

Maáljah.—Ibtidá men bazariḥ fasd bazú ke khún ziyádatí se bamiqdár chaubís yá chhattís ounce ke lewen, aur yih miqdár khún kí chaubís ghanṭe ke ərse men do yá tín dafa nikálen, magar sakhtí marz aur jusha, aur ȳmr maríz ká khiyál rahé. Aksar yih bhí munásib hai kí joṅken aur pachhne lagác jáwen muqám marz par, chand ghanṭe bād pahle fasd ke, khasúsan agar koí alámat árzah zát-ul-jamb kí záhir ho. Bād is ke tártar emetic aise ek miqdár se diyá jáwe jisse ki ghisyán bashiddat malum ho aur qai na áwe, aur calomel bhí bashumúl antimony yané surmah ke diyá já saktá hai. Parhez o ghizá aisí cháhiye ki harárat gharízí ko ghaṭá de, aur jab ki sozish shadíd kam ho gaí hai bare blister yá tártar emetic marham ke lagáne se bahut bará fáidah ho saktá hai. Wáste dabáne khánsí ke muláyyam karnewálí adwiyat dí já saktí hain. Balgham ke nikálne men madad karegá aur ghisyán karnewálí tabrídeñ squills kí maríz ko taskín dengí, us luábdár mawád se jo ki hinjrah men jama ho gayá hai. Jab ki marz ghaṭ jáwe aur balgham kí kasrat ho to adwiyah aur ghizái muqawwí wáste sambhálne táqat ke zarúr hain, aur agar pheprah pak gayá hai to bhí yihí tadbír munásib hogí. Agar azái raísah men kuchh tabdílián waqa huí hain misl khalal-i-jigar yá zakhm par jáne ke phepron men to barí ihtiyát zarúr hai ki maríz koárzah-i-sil ná ho

Sawálát.

Kyá alámateñ árzah sozish pheprah kí hotí hain ?

At the commencement of the disease, what treatment should you adopt ?

When the active stage of the disease is over, what should you do ?

RUBEOLA ; MEASLES.

Symptoms.—Measles commence with languor, shivering, heat of skin, and thirst ; as the disease advances, there is a dry hoarse cough, often much resembling that of croup : frequent sneezing, suffused and watery eyes, swollen and feverish face; alternations of heat and cold, quick pulse, great thirst, and scanty secretion of urine, with a hot and dry skin. There is occasional vomiting or purging, but sometimes constipation. Sometimes in severe cases there is delirium, and even inflammation of the lungs; there is usually towards evening an exacerbation of all the febrile conditions. All these symptoms continue for three or four days or even eight days, when an eruption begins to appear in the form of round red dots, showing first on the forehead and face, and subsequently upon the body and limbs. On the fifth day the whole surface of the body is usually covered with the eruption, which begins to decline on the face on the sixth day, and has usually disappeared altogether upon the tenth day from the commencement of the fever, or the sixth day from its own first appearance. The eruption extends to the mucous membrane; slightly elevated spots may be seen in the mouth and throat about the fourth or fifth day. In favorable cases, the violence of the fever abates as soon as the eruption appears.

Treatment.—Be very careful not to expose the child to cold or damp, keep it moderately warm, and in a darkened room owing to the pain in the eyes; give it mild mucilaginous drinks, as linseed tea, barley or rice water, &c. The face, arms, hands, and chest should be lightly sponged with warm vinegar and water; mild diaphoretics and gentle aperients are useful. Attend carefully to the state of the head and chest; if any symptoms of an attack in the head, as headache, intolerance of light, or convulsions appear, apply a few leeches to the temples or behind the ears, and place the child in a warm hip bath for five or ten minutes; if the chest is affected,

Shurú marz kyá iláj karen?

Jab ki shadíd darje bímári mazkúr ká mauqúf ho gayá ho to kyá karen ?

RUBEOLA ; YĀNE SURKHBAḌ.

Alámaten.—Yih marz shurú hotá hai sáth sustí aur larzab. aur harárat-i-jild aur piyás ke; aur jiuṇ jiuṇ bímári mazkúr barhtí hai to ḥushk khánsí galá pakarnewálí áwáz ke sáth hotí bai, misl us áwáz ke jo ki árzah croup men̄ nikaltí hai, aur aksar chhíṅkon ká áná, aur surkh aur tar rahná áṅkhon ká, aur sújá huá aur tap ká sá chehraḥ honá, aur kabhí garmí, aur kabhí sardí malum honí, aur tezí nabz, aur shiddat tishnagí, aur kam paidá honá pesháb ká, aur garam aur ḥushk rahná jild ká, alámaten uskí hain̄. Is bímári men̄ kabhí kabhí qai aur dast bhí áte hain̄, lekin baze waqt qabz rahtá hai. Baze auqát sakht hálatoṇ bímári mazkúr men̄ hizyán aur bhí sozish phep̄on ká hotá hai. Aksar shám ke waqt taraqqí tamám alámaton bukhár kí hotí hai. Yih tamám alámaten tíñ yá chár din tak raftí hain̄, yá áṭh din tak bhí; is ke bād dána gol surkh rang ke pahle peshání aur chehraḥ par, aur bādhú jism, aur azá par numáyán hote hain̄. Páñchwen̄ din tamám satah jism ká aksar dánōṇ se chhip̄ játá hai, aur chhaṭe din chehre ke dánōṇ men̄ taṄhfí̄ hone lagtí hai, aur aksar bilkul daswen̄ din ágház tap se yá chhaṭe din apne awwal roz nikalne se gháyab ho játé hain̄. Yih dáne phailte hain̄ mucus membrane tak aur ḫafí̄ ubhre hue dhabbe dekhe já sakte hain̄ muñh aur gale men̄ qarib chauthé yá páñchwen̄ din ke. Darsúrat islah pazír hone marz ke shiddat tap kí bafaur zahúr danoṇ ke kam ho játí hai.

MaṄljah.—Is bát kí bahut ahtiyát rakkhen̄ ki bachchá sard yá tar jagah na rahe, aur usko baṭidál garam aur tárik makán men̄ basabab dard áṅkhon ke rakkhen̄, aur ḫafí̄ luábdár ashrúbah, misl linseed tea, yāne áb-i-tukhm katán, aur ash-i-jau, yá cháwal kí pich, waghairah dewen̄. Chehraḥ aur bázú aur háth aur sínah áhistah áhistah bazariḥ sponge ke garam sirká aur garam pání se tar kiye jáwen̄. ḫafí̄ pasína lánewálí aur halkí mulayyan adwiyah fáidah-mand hain̄. Sir aur sínah kí hálat par baihiyát tamám tawajjah rakhní cháhiye; agar alámaten̄ ḫhalal dimágh kí misl dard sir yá bardásh̄t na hone roshní ke, yá tashannuj ke záhir hon̄ to chand jon-

you should bleed from the arm if the strength of the child will admit of it, if not apply a few leeches to the chest or the back of the foot, and adopt the usual treatment for subduing such like inflammation. Should severe purging come on at the decline of the disease, it may be removed by alterative aperients if the stools be foul, or by astringents if the evacuations are watery, and abdomen drawn in and empty. Should debility be present, wine and stimulants will be required, but they must be administered with the greatest caution.

Questions.

What are the usual symptoms of rubeola?

What treatment should you adopt?

If the head or chest become affected, what should you do?

RHEUMATISMUS ; RHEUMATISM.

This disease may be either acute or chronic.

Symptoms of acute Rheumatism.—There are rigors, with a general feeling of numbness, aching and pain; fever; skin pungent and hot; pulse quick, full, hard, and bounding; pain increases with the fever, and is generally of a gnawing character; parts become red, swollen, and tender to the touch: the pain aggravated by motion, tongue white, urine high colored, and deposits a red brick-dust sediment; skin sometimes bathed in a clammy sweat: this disease is generally caused by exposure to cold and moisture.

Treatment of acute Rheumatism.—If the patient be plethoric and robust, and the disease be seen early, you should take some blood from the arm, the quantity to be determined by the effect produced. Should general bleeding be contra-indicated, local bleeding by cupping or leeches may be employed. Then give the tartar emetic in small and frequent doses to keep up nausea. Afterwards you may give the wine of colchicum with tincture of henbane, but as soon as it purges, you must give it up. Laxatives should be

keñ kanpañiyen yá píchhe kánoñ ke lagáwen, aur larke ko kúlah tak garam páñi men páñch yá das minute tak rakkhen; agar sínah men khálal paidá ho to bázú se khún lewen, basharteki quwwat larke kí uskí muthammil ho, aur agar tágat kam ho to chand joñken sínah yá pusht-i-pá par lagáwen, aur iktiyár karen iláj mamúlí jo ki wáste rafá karne is qism kí sozish ke musíd hai. Agar barwaqt ghañne bímári ke dast bashiddat áne lagen to dafíah uská hazariah aísí adwiyah ke jo ki alterative yane tartíb kunandah jism aur mulayyan hain, karen, basharteki dast mutafin hon, aur darsúrateki dast raqiq áte hon aur shikam khálí ho to adwiyah astringent yane qábiz den. Agar maríz ko zauf ho to sharáb-i-angúr aur adwiyah stimulant yane mutharrík kí zarúrat hogí, lekin unke istamál men niháyat hoshýári ámal men áwe.

Sawálát.

Kyá hain álámateñ árzah rubeola kí?

Kyá maáljah iktiyár karná cháhiye?

Agar sir yá sínah men khálal ho to kyá karen?

RHEUMATISMUS; YANE WAJÀ MUFÁSIL.

Yih bímári ho saktí hai shadíd yá kohnah

Alámateñ shadíd wajà musásil kí.—Is bímári men malúm honá khunkí ká tamám jism men, aur dard, aur bukhár, aur tezí aur harárat jild kí, aur tundí, aur imtalá, aur sakhtí, aur jahindgí nabz kí hotí hai, aur tap ke sáth dard ziyádah ho játá hai, aur is qism ká hotá hai jaise koí muqám dard ko chubátá hai, aur muqámát dard surkh aur ámásida ho játcé hain, aur húth lagáne se un men dard hotá hai, aur harkat karne se dard ziyádah hotá hai, zabán sufed aur pesháb niháyat rangín, aur us men surkh ínt kí khák sí jamtí hai, post jism baze auqat ek chipchipe pasíne men tar ho játá hai; yih bímári amúman paidá hotí hai sardí aur ratúbat men rahne se.

Maáljah wajà musásil shadíd ká.—Agar maríz damwí mizáj aur táqatdár ho aur bímári ibtidáhí men dekhí jáwe to cháhiye ki thorásá khún bázú se lewen magar miqdár khún kí muqarrarí ho, us asar kí jo wuh paidá kare; agar fasd námunásib ho to tanqiyah khás pachhnón yá joñkon se amal men ásaktá hai. Bäd uske tártar emetic bich chhotí aur aksar mautádon ke wáste qáyam rakhne málisch-i-dil ke den. Bäd azán wine colchicum sáth tincture henbane ke de sakte hain, lekin jis waqt usse dast áwen to mauqúf karden.

given, so as to keep the bowels moderately open. Calomel and opium pushed so far, as to make the mouth tender, has been given with great benefit in obstinate cases. After the acute inflammation has been quite subdued, a full dose of opium may be given at bed-time to procure sleep. As the pleura and pericardium are very apt to be affected in this disease, their state should be very carefully watched.

Symptoms of chronic Rheumatism.—The symptoms are the same as in the acute form, only of a less violent character. This affection is not confined to the joints, but may attack the muscles of the back, it is then called lumbago; when it attacks the sciatic nerve, or the muscles passing from the trunk to the lower extremities, it is called sciatica.

Treatment of chronic Rheumatism.—Should there be fever, give the tartar emetic as in the acute stage, as also the colchicum : the warm bath and vapor bath will afford great relief, together with rubefacients, blisters or counter-irritation with the tartar emetic ointment. When the parts are colder than they should be, acupuncture has afforded great relief. The needle should only be inserted into fleshy parts, in general from two to six sharp pointed needles are used at once, and are pushed into the affected part to the depth of from $\frac{1}{2}$ to $1\frac{1}{2}$ inches, and left in for a couple of hours. The ammoniated tincture of guiacum is an excellent internal stimulant, commencing with half drachm doses, and increased gradually until the patient feels himself warmed with the remedy. When rheumatism assumes the intermittent form, you may give the quinine, or the arsenical solution, paying great attention to the action of the latter medicines; the bowels should be kept regular.

Rheumatism may be distinguished from gout thus: rheumatism may come on at any time, gout generally at bed time; rheumatism arises from some obvious cause, such as cold and damp, not so gout; rheumatism affects the larger joints, and the pain is generally gnawing and numb, whereas in gout, the pain is burning, pungent and lancinating.

Adwiyah mulayyan dení cháhiyen is tarah par ki rodeh baatidál khule rahan. Is qadar calomel aur opium ká dená jisse munh á jáwe bahut mufíd huá hai jab ki marz kisí aur tarah nabín játá hai. Bañd mauqúf-i-sozish ke ek púrī mautád opium kí sote waqt dení cháhiye taki nínd á jáwe. Chúñki is marz men pleura yane ghashaurriyá, aur pericardium yane hijáb-ul-qalb men bhí aksar ķhalal ho játá hai, to un ke hál ká bailtiyát tamám nigrán rahuá cháhiye.

Alámateṇ waja mufásil kohnah ki.—Is kí alámateṇ bhí misl alámaton waja mufásil shadíd kí hain, magar shiddat men kamí hotí hai. Yih bímári sirf jorónhí par nahín hotí, balki pusht ke puṭṭhon par bhí dañhal kartí hai, aur is súrat men usko lumbago yane dard kamar kahte hain; jab ki dañhal is marz ká sciatic rag par, yá un puṭṭhon par jo ki dhaṛ se pánw kí taraf utarte hain hotá hai, to wuh sciatiká kahláyá játá hai.

Maq̄ljah waja mufásil kohnah ká.—Darsúrat hone bukhár ke tártar emetic dewen̄ jaise ki darjah shadíd men dete hain, aur bhí colchicum aur garam pání men baiñháná aur bhapárá dená mā istamál rubefacient, yane jild surkh karnewálí marham yá blister yá counter-irritation bazariah marham tártar emetic ke bahut mufíd hogá. Jab ki azái māmúlí se ziyádah sard hain to pachhnōn se bahut fáidah hogá. Suí chuboní cháhiye ajzáí lahmí men. Aksar auqát do se chha tez nok kí suíyon tak ek dasa chuboí játí hain, aur muqáum-i-marz men ádhí inch se deṛh inch tak utári játí hain, aur do ghanṭe tak nahín nikálí játin. Ammoniated tincture of guiacum niháyat ȳmdah stimulant yane mut̄harrik kháne kí dawá hai, jo ki shurú kí jáwe sáth nisf dráchm mautádon ke, aur batadríj ziyádah kí jáwe jab tak ki maríz ke badan men garmí á jáwe. Jab ki yih árzah súrat naubat kí pakre to quinine yá solution arsenic yane sankhyá dewen̄, magar bahut tawajjah masrúf ho pichhlí dawá ke ȳmal par; aur rodon kí tartib karte rahan.

Tamíz darmiyán waja mufásil aur niqras ke istarah par hotí hai ki waja mufásil áyad ho saktá hai harek waqt, aur árzah niqras ȳmúman sote men. Árzah waja mufásil paidá hotá hai baze záhir sabab se, misl sardí aur ratúbat ke, aur árzah niqras is sabab se nahín hotá. Waja mufásil aksar asar kartá hai ziyádah bare bandon par, aur dard istarah ká hotá hai ki goyá koí muqám ko chubátá hai barkhiláf iske árzah niqras men dard sozindah aur

Questions.

How many forms of rheumatism are there?

What are the symptoms of the acute form?

What is generally the cause of rheumatism?

What treatment should you adopt in the acute stage?

What are the symptoms of the chronic form?

What treatment should you adopt in the chronic form?

How would you distinguish rheumatism from gout?

SCARLATINA ; SCARLET FEVER.

This is an eruptive fever, of which there are two kinds, the simple and malignant.

Symptoms of the simple form.—There are the ordinary symptoms of fever, viz., lassitude, shivering succeeded by heat, thirst, quick pulse, and occasionally nausea, headache and perhaps delirium. About the second or fourth day, the eruption is at its height, and then appears in the form of a continuous bright redness on the extremities, and of large irregular patches upon the trunk of the body. The redness is paler in the morning, and is brightest towards evening, the eruption may also be seen upon the inside of the mouth and throat, which assumes a bright scarlet color. The throat is generally sore, the tongue if clean, is also scarlet, but if foul, the red papillæ may be seen through the coating of fur on it. On the fifth day the eruption usually begins to decline, and in a day or two afterwards, disappears altogether, at which time the cuticle on the whole of the body generally peels off. Scarlatina may be distinguished from measles or roseola thus; from the latter, by its regular and longer duration, and by the sore throat and eruption in the mouth; from the former, by the period of the appearance of the rash.

Treatment of simple scarlatina.—The patient should be confined to his bed, his room kept cool and well ventilated, cooling drinks

tez aur sul márnewálá hotá hai.

Sawálát.

Árzah waja mufásil men kitne aqsám hote haiṇ?

Kyá haiṇ əlámaten qism shadíd kí?

Kyá haiṇ amúman sabab árzah waja mufásil ke?

Kyá iláj iķhtiyár karná cháhiyc darje shadíd men bímári mazkúr ke?

Kyá haiṇ əlámaten qism kohnah kí?

Kyá iláj karná cháhiye qism kohnah bímári mazkúr men?

Kyunkar tamíz ho saktí hai árzah niqras aur waja mufásil men?

SCARLATINA.

Yih hai ek nikalná dánōn ká jiskí do qismen hotí haiṇ, sádah aur malignant.

Alámaten sádah scarlet fever kí.—Is men māmúlí əlámaten tap kí hotí haiṇ, yane sustí aur larzah aur bād iske garmí, aur piyás, aur tundí nabz aur kabhí málish-i-dil, aur dard sir, aur sháyad hizyáṇ bhí hotá hai. Qaríb do yá chár din ke is marz men dáne bashakl surkh dhabboṇ ke nikalte haiṇ, awwal chehra aur gardan par jo ki jald ápas men miljáte haiṇ aur phail játe haiṇ tamám jism aur háth pánw pár. Tísre yá chauthé din yih dáne apne kamál par pahunchte haiṇ, aur tab záhir hote hain basúrat ek qáyam tábindah surkhí ke háth pánw par, aur baṛe baṛe beqáidah dhabboṇ ke tanah jism par. Yih surkhí subah ke waqt ziyádah zard, aur shám ke waqt niháyat tábindah hotí hai. Yih dáne andar munh aur halq ke bliú númayáṇ ho játe haiṇ, jinke sabab rang tábindah aur surkh ho játá hai, halqum aksar majrúh hotá hai, zabán agar sáf hai to wuh bhí surkh hotí hai, lekin agar mailí hai to mail men se dáne dikhláí dete haiṇ. Pánchwen din yih dáne aksar ghaṭne shurú hote hain, aur ek yá do din bād bilkul gháyab ho játe hain, aur us waqt men tamám jism ke post se bhúsi jhar játí hai. Is árzah men aur árzah surkhbād men is tarah tamíz ho saktí hai ki surkhbād men dáne beqáidah aur derpá hote hain, aur dard gulú hotá hai, aur dáne munh men nikal áte hain aur surkhbād men ərsah nikalne dánōn ká muaiyyan hotá hai.

Maáljah scarlet fever sádah ká.—Cháhiyc ki maríz ko uske bistar se na uthne dep, us ká kamrah sard aur hawádár ho aur ashrúbah

given freely, and abstaining from animal food, and every thing likely to heat the body. A gentle emetic should be given to check the fever, and clear the throat of viscid mucus; this should be followed up by a purgative. The body should be sponged with cold or tepid water and vinegar. Should any particular organ be inflamed, you must of course bleed both locally and generally, so as to subdue that inflammation, but no more. If the patient should be old enough to use gargles, the best in ordinary cases, is barley or rice water, acidulated with vinegar. Inhaling the steam of boiling water and vinegar will afford great relief. When the skin is peeling off, the tepid bath will be found useful, and the greatest care should be taken at this time that the patient does not catch cold; the bowels should be kept relaxed, and the kidneys be acted upon by occasional doses of compound jalap. As the patient becomes convalescent, tonics, such as the mineral acids or quinine, should be given, with mild nutritious food and change of air.

Symptoms of malignant scarlet fever.—These are similar to those already described in the milder form of the disease, but which soon assumes a typhoid form. The pulse becomes very rapid and irregular, the heat of the surface of the body unequal, a low muttering delirium, with great restlessness, sets in. There is hoarseness, pain in swallowing, and swelling of the glands of the neck. As the disease proceeds, all the symptoms are aggravated, and the patient sinks into a state of stupor. The sloughs in the throat spread, and become dark colored and gangrenous; the disease extends to the nostrils, and an acrid discharge flows, which excoriates the lips and cheeks; finally the breathing becomes difficult, the tongue black and dry, and discharges of blood take place from the different passages, and the patient sinks generally from the third or fourth day, to the second or third week. Total insensibility or convulsions may precede death.

Treatment of malignant scarlet fever.—First of all, administer an emetic of tartarized antimony to adults, and ipecacuanha to children, following it up with some mild aperient. Should the breathing be difficult, a few leeches may be applied to the throat or

bárid bakasrat dí jáwen, aur goshtaur har ek chíz se jo ki jism men harárat paidá kare parhez karáwen. Ek khafíf dawá qai kí wáste rokne tap, aur sáf karne luábdár balgham halkonke dí jáwe, aur bád iske julláb diyá jáwe. Jism dhoná cháhiye sáth sard yá ním garam pání aur sirke ke. Agar kisí khás uvwxyz par azáí marz men se warm ho jáwe to tanqiyah khás aur ám khún ká karná zarúr hai is qadr ki wuh warm rafá ho jáwe, lekin ziyádah nahíñ. Agar maríz is qadr umar ká ho ki ghargharah kar sake to roz marrah kí hálaton men jau ká pání, yá cháwal kí pích, tursh kí gaí sáth sirke kí niháyat bihtar hai. Bhapárá lená ubalte huc pání aur sirke ká barí taskín degá. Jab ki post utartá játá hai, to ním garam pání men baiháná mufíd páyá jáwegá, aur us waqt men niháyat ihtiyát malhúz rakhní cháhiye ki maríz ko sardí saráyat na kare aur rodah dhíle rakkhe jáwen aur kabhí kabhí mautádon compound jálap ke dene se gurdon ko harkat dewen. Jab ki maríz ko ifáqat hai to adwiyah muqawwí misl kání tezábon yá quinine kc dení cháhiyen sáth muláyam quwwat denewálí khurák aur tabaddul áb o hawá ke.

Alámateñ malignant scarlet fever kí.—Is kí alámateñ bhí misl alámaton marqúmah bálá yane alámaton qism khafíf o sádah árzah mazkúr ke hain, lekin yih jald súrat baqáidah pakartí hai. Nabz bahut tez aur beqáidah ho játí hai, aur harárat satah jism kí náhamwár aur ek khafíf hizyán sáth barí bechainí ke shurú ho játá hai. Is marz men giriftgí áwáz aur nígalne men dard hotá hai, ghudúd gardan kc phúl játé hain: jiun jiun yih bímári barhtí játí hai tamám alámateñ bhí ziyádah hotí játí hain, aur maríz par ghaflat aur behawásí tári ho játí hai. Chhichre gale men phail játé hain, aur siyáh rang ho kar sarlı játé hain. Yih marz nathnon tak phail játá hai aur mawád talkh o shor járí hotá hai jo ki honþhoñ aur gálon ko chhíl dáltá hai. Anjámkár dam lená mushkil ho játá hai, zabán siyáh aur khushk ho játí hai, aur mukhtalif ráhoñ se khún járí hotá hai aur maríz aksar tísre yá chauthé din se dúsre yá tísre hafste tak mar játá hai. Marne se pable behoshí yá tashannuj hotá hai.

Maqljah malignant scarlet fever ká.—Sab se pahle muqai tártarized antimony jawán marízon ko aur ipecacuanha bachchon ko den, aur bád iske khafíf adwiyah mulayyan dí jáwen. Agar dam lene men diqqat malum ho to chand jonken gale par lagáí jáwen, yá kánon

behind the ears, and if there be pain in the head and stupor, a few leeches to the temples might relieve the congestion. During the stage of excitement, the patient should be placed in a warm bath, strongly impregnated with salt, and afterwards the skin to be well rubbed with warm dry flannel, especially when irregular distribution of heat exists, when, in addition bottles of warm water, or heated bricks, should be applied to the cold extremities. When the stage of excitement has passed, nourishment, such as broth, must be given, and if collapse approaches, wine and other stimulants will be required. The throat should be gargled with the chlorides of soda or lime, in proportion of two ounces of the solution, to half a pint of water; if the patient cannot gargle, the sores in the throat may be washed with a sponge soaked in the gargle; it is not of any consequence if any of the fluid is swallowed; while sufficient mild nourishment is given, every thing heating or stimulating must be avoided, and the bowels kept open by gentle laxatives. Should dropsy ensue, it requires purgatives and leeches, being usually of an inflammatory character.

Questions.

What description of fever is scarlatina, and how many varieties of the disease are there?

Describe the symptoms of the simple form.

How would you distinguish scarlatina from measles or roseola?

What treatment should you adopt in the simple form of the disease?

What are the symptoms of the malignant form of the disease?

What treatment should you adopt in the malignant form of the disease?

SPLENITIS; INFLAMMATION OF THE SPLEEN.

Inflammation of the spleen may be either acute or chronic.

Symptoms of the acute form.—After a sensation of cold and partial rigor, there is a feeling of weight, fulness and pain in the left side extending to the left shoulder, increased on pressure and coughing; thirst, slight nausea, dry cough, with the usual symptoms of fever. Vomiting of blood, faintings, or pain on respiration are occasionally

ke píchhe, aur agar sir men dard aur behoshí ho to lagáná chand jonkon ká kanpatiyon par injamád khún ko mufid hogá. Hálat darjah tugh yání marz men, maríz áb-i-garam men bitháyá jáwe jis men bahut namak dálá ho, aur bád iske post-i-badan bakhúbí ponchhá jáwe garam aur khushk flannel se, khasusan jab ki beqáidah taqsím harárat kí maujúd ho aur bashamúl iske botalen garam pání kí, aur garam ínten thané háth páñw men lagái jáwen. Jabki darjah tahrík ká guzar gayá hai, ghízá misl shorba ke dení zarúr hai aur agar niháyat darjah ká zauf ho jáwe to sharáb angúr aur aur ad-wiyah mutharrik ká dená zarúr hai. Ghargharah sáth chlorides of soda yá chúne ke bamiqdár do ounce solution ke nisf botal pání men karná cháhiye, aur agar maríz ghargharah nahín karsaktá hai to jaráhat-i-halqum ko ek sponge se áb-i-ghargharah men tar karke dhowen, aur agar koí qatrah halq se utar jáwe to uská kuchh muzáiqá nahín, jabki kásí subuk ghizá milne lage to har ek shai garam yá mutharrik se parhez karen aur rodeh khule rakkhe jáwen halke jullábon se. Agar árzah istasqá ho jáwe, to uske liye jonken aur julláb zarúr hai kyunki is mauqá par yih árzah aksar sozish se hotá hai.

Sawálát.

Kis qism ke bukhár ko scarlatiná kahte hain, aur is bímári kí kitne aqsám hain?

Bayán karo alámateñ qism sádah kí?

Kis tarah tum tamíz kar sakte ho darmiyán árzah surkhbád aur árzah measles yá roseolá ke?

Kyá iláj iktiyár karen qism sádah bímári mazkúr men?

Kyá hain alámateñ qism malignant árzah mazkúr kí?

Kyá iláj qism malignant men karen?

SPLENITIS; YANE SOZISH-I-TEHÁL.

Sozish-i-tehál ho saktí hai shadíd yá kohnah.

Alámateñ qism shadíd kí.—Bád malúm hone sardí aur juzwí sakh-tí ke báen pahlú men bojh aur imtalá aur dard malúm hotá hai, aur wuh báen sháue tak phaitá hai, aur dabáne aur khápsí se ziyá-dah hotá hai, aur tishnagí aur gúnah málish-i-dil aur khushk khánsí sáth aksar alámaton tap ke hotí hai. Istafrágh khún aur

observed. A natural crisis is often observed after hæmorrhage from the nose or stomach, after a copious deposit from the urine, after the disappearance of the headache; when the hemorrhoidal or menstrual flux supervenes. In violent cases, which rapidly terminate in a general dissolution of the splenitic tissue, there is incessant vomiting, which is often attended by a discharge of clotted blood from the intestines and stomach. This disease generally arises from ague, or after the patient has been exposed to malaria. If after a certain period the inflammation does not subside, it assumes a chronic form.

Treatment of acute splenitis.—General bleeding must be promptly ordered, and be repeated as long as the inflammatory pain is considerable, and the strength of the patient permit. Moderate saline purgatives should be given from time to time, to keep up a gentle action on the bowels. Leeches should be plentifully applied over the seat of pain, followed up by blisters or counter-irritation. If the constitution has suffered from malaria, you should give quinine in moderate doses for a considerable time, and if possible order your patient change of air.

Symptoms of chronic inflammation of the spleen.—There is a sensation of weight and pressure in the left hypochondrium, accompanied with fulness and swelling in that situation; a dull uneasy pain, especially when turning in bed; indigestion, disturbed sleep, and unpleasant dreams; sometimes there is difficulty of breathing, with a dry cough; defective nutrition, a sallow complexion; the spleen sometimes attaining an enormous size, occupying nearly the whole abdomen, and its edges conveying to the hand, the feeling of ridges; this form of the disease is generally connected with a cachectic or scorbutic condition. There are wandering pains in the limbs, sometimes ending in collections of pus under the integuments of the arms, thighs, &c. In the latter periods of disease, the debility and emaciation become very great, hectic more or less comes on, attended with distressing diarrhoea. The disease commonly continues for months, and often for very many years with remissions.

Treatment of chronic splenitis.—This consists chiefly in the combinations of aperients, tonics, and sedatives.

qhashon ká honá, yá bar waqt dam lene ke dard ká honá kabhí kabhí dekhá gayá hai. Bad ijrái khún ke nák se, yá medeh se, yá bäd baiṭhne bahut durd ke pesháb men yá bäd mauqúf-i-dard sir ke tabaddul alámát wáqa hotá hai. Jab ki bawásíri, yá máhwári ijrái khún haiz ziyádah ho játá hai, sakht súraton men jin men tillí gal játí hai mutwátil qai átí hai, aur qai ke sáth khún munjamid medeh aur ántón se áta hai. Yih bímrí aksar paidá hotí hai tijári se, yá bäd iske ki maríz malaria yané pání kí abkharahdár hawá men rahtá hai. Agar bäd ck khás waqt ke sozish kam nahlín hotí to bímrí mazkúr súrat qism kohnah kí pakarí hai.

Maáljah qism shadíd tehál ká.—Cháhiye ke fasd se tanqiyah ám ká fauran hukm diyá jáwe, aur jab tak amáo se dard ziyádah rahe aur quwwat maríz kí ijázat dewe to fasd lení mukarrir o mutwátil cháhiye. Mætdil namkín julláb blí kabhí kabhí dene cháhiyen táki khafif harkat rodon par rahe. Muqám-i-dard par joñken baksrat lagúj jáwen, aur bäd iske istamál blister aur counter-irritation ká kiyá jáwe. Agar jism maríz nc malaria se bahut nūqsán uṭháyá hai to cháhiye ki quininc mætdil mætádon men bahut muddat tak den, aur agar mumkin ho to maríz ko wáste badalne áb-o-hawá ke saláh dey.

Alámaten qism kohnah sozish tehál kí.—Is qism men ek bojh aur dabáo báin kokh men mälüm hotá hai aur uske sáth us muqám men purí aur sújan hotí hai, aur bechainí ke sáth míthá dard hotá hai khasás karwat lene men, badhazmí aur badkhwábí wáqa hotí hai, aur bure khwáb dikhláí dete haiy, baze waqt sáns diqqat se áta hai, aur khushk khánsí uske sáth hotí hai, aur ghizá baikhúbí tágat badan men nahlín hone detí aur chchrah zard. ho játá hai, aur tillí baze waqt niháyat bañh játí hai, aur tamám peṭko rok letí hai aur kináre tillí ke háth ko ubbre hue mälüm dete haiy. Yih qism bímrí kí aksar iláqa rakhtí hai ek cachectic yá scorbutic lálat se. Azú men daurta huá dard hotá rahítá hai, aur baze waqt bázuon aur žanuon waghairah ke post ke níche rím ho játí hai. In pichhlí auqát bímrí men nátarwání aur lágharí bashiddat ho jási hai aur tap-i-diq kam yá ziyádah māj aziyat dahindah ishál ke paidá hotí hai yih bímrí amuman mahínoṇ tak jári rahítá hai aur aksar bahut barson tak magar kabhí kabhí darmiyán men ifáqat bhí hásil hotí hai.

Maáljah sozish tehál qism kohnah ká.—Iláj mushtamil hai ziyádatar bashamúl adwiyah mulayyan aur muqawwí aur ta;kín denewálí ke,

The following mixture is usually given with great benefit.

Powdered jalap,	}	of each one drachm.
Powdered rhubarb,		
Powdered columba root,		
Powdered ginger,		
Powdered cream of tartar,		
Sulphate of iron, ten grains.		

Tincture of senna, four drachms.
 Tincture of henbane, one drachm.
 Spearmint water, ten ounces.

One ounce and a half of this mixture to be taken daily at six o'clock in the morning and to be repeated at eleven o'clock in the day; from three to six stools should be procured daily; the patient gains strength, and the disease is gradually removed, which, however, generally requires from three to six months to complete. Change of air is essentially necessary at the same time. If the spleen seems to suffer from relaxation, iodine should be given both internally and externally. In those cases where the spleen becomes softened, a blister should be laid occasionally on the precordia, and an effervescing draught given, containing a few drops of laudanum from time to time. Mercury in all its forms should be carefully avoided. In those cases attended with a cachectic or scorbutic state of body, the free exhibition of the vegetable acids are indicated, such as fresh lime juice, citric acid, or good vinegar.

Questions.

What are the usual symptoms of acute splenitis?

After what occurrences taking place, is a natural crisis often observed?

What are the usual symptoms of the spleen having become softened?

What treatment is recommended in the acute stage?

What are the usual symptoms of chronic splenitis?

In what should the treatment of chronic splenitis consist?

In cases complicated with cachexia or scurvy, what particular class of medicines are indicated?

Nusķhe-i-murakkib marqumat-uz-zail ke dene se aksar bahut fāidah huá hai.

Powdered jalap,	} Harek ek ek drachm.
Powdered rhubarb,	
Powdered columba root,	
Powdered ginger,	
Powdered cream of tartar,	
Sulphate of iron, das grain.	
Tincture of senna, chár drachm.	
Tincture of henbane, ek drachm.	
Spearmint water, das ounce.	

Derh ounce is nusķhe mixture ká har roz chha baje subah ke istamál men áwe, aur phir gyárah baje subah ke diyá jáwe. Tín se chha daston tak cháhiye ki har roz láe jáwen, isse maríz ko táqat hotí hai, aur bímári batadríj rafa ho játí hai, magar tím mahíne se chha mahíne ke arse tak amúman bilkul bímári rafa hotí hai, aur is asnáe men tabdil áb-o-hawá kí bhí niháyat zarúr hai: Agar aisá malum ho ki tehál ko zauf o niháfat se ázár pahunchá hai to iodine khiláwen bhí, aur lagáwen bhí. Un hálaton men jahán ki tehál muláyam ho gaí hai kabhí kabhí ek blister rakhná cháhiye precordia par, aur effervesing māutád mushtamil chand qaträhás laudanum se kabhí kabhí dí jáwe. Tamám adwiyah sákhte símáb na dení cháhiye. Un hálaton men jinkesáth hálat jism kí cacheetic yá scorbutic hotí hai to bakħubí dená nabatáti tezábon ká munásib mutsawwar huá hai, misl tázab araq limun aur citric acid yá achchhe sirke ke.

Sawálát.

Kyá hain alámateñ qism shadíd árzah sozish-i-tehál kí?

Bađ kin wárdáton ke waqa hone ke yih khás bímári aksar dekhí gaf hai?

Kyá hain ám alámateñ tehál ke muláyam ho jáne kí?

Kyá hain farzí bájs árzah sozish-i-tehál ke?

Kyá iláj tajwíz kiyá gayá hai hálat shadíd men?

Kin chízon se iláj qism kohnah árzah sozish-i-tehál ká mush-tamil hai?

Jab ki tehál ázár páti hai zauf-o-naqéhat se, to kyá khás dawá tumheñ dení chahíye?

TONSILITIS VEL CYNANCHE TONSILARIS; INFLAMMATION OF THE TONSILS.

Symptoms.—If both tonsils are inflamed, on opening the patient's mouth, you will see two large red balls, one on each side of the throat, which may be felt also externally. There is very severe pain extending into the ear, particularly when any effort is made to swallow; sometimes one tonsil only is affected at a time, at other times the disease will shift from one to the other. The inflammation produces heat, swelling and hardness; there is fever, the pulse quick, the skin hot, redness of face, urgent thirst, and the tongue very foul. The disease may terminate in resolution or suppuration; the formation of pus in the tonsils is known by the pain of the acute stage becoming gradually more dull or obtuse, breathing and swallowing is more difficult, and by the peculiar sound of the voice; as the abscess increases in size, the patient is unable to speak. This disease is generally caused by exposure to the cold and wet, especially if the patient has lately been under the influence of mercury.

Treatment.—In severe cases, general bleeding is indicated, but in milder cases apply leeches to the throat, afterwards foment the part with hot water, and put on a large warm bread and water poultice to encourage the bleeding. After the leeches, if you find there is still some slight inflammation left, apply a blister, but never do this until you have first tried the effect of leeches, or that you see the patient is so very weak that he cannot stand the bleeding from the leeches. Puncturing the tonsils with a lancet has afforded considerable relief, and allows any matter there may be to flow out. You should then give a full purging dose of calomel, placing it dry on the tongue, and follow it up in four hours with castor oil. The inhalation of hot water is very agreeable to the patient, by relaxing the parts, as are also gargles composed of vinegar, honey, and rice or barley water. If the patient is weak, you must give nourishing food, as broths, jelly, &c., and sometimes allow a little wine. If the inflammation is active, it must be treated like any other inflammation; if passive, it requires only local astringents and stimulants, such as a gargle composed of a decoction of scneka root, with red pepper and brandy.

TONSILITIS, YANE SOZISH-I-LAUZTAIN.

Alámateñ.—Agar donon lauztain men sozish howe to barwaqt kholne maríz ke munh ke ek ek baří golí surk̄h rang kí donon taraf halq ke dikhlá deí hai. Dard shiddat se phailkar kán men hotá hai, khasús us súrat men ki kisí chíz ke nigalne ká qasd kiyá jáwe. Báz auqát sirf ekhí lauztain men se sozish hotí hai, aur báz marta-bah ek se taraf dúsre kí intaqál kartí hai. Sozish men harárat aur amás aur salábat páí játí hai; bukhár rahtá hai, aur nabz tez aur jald chaltí huí, aur chehráh surk̄h, aur tishnagí shadíd, aur zubán bahut ghalisz hotí hai. Sozish yá to khul játí hai, yá pak játí hai; shanákht pař jíne píb kí lauztain men istarah se ho saktí hai ki dard shadíd darjah badarjah khaſí hotá játá hai, aur dám lená aur nigalná ziyádatar dushwár hotá hai, aur áwáz ek khás qism kí ho játí hai aur jiun jiun dumbul qad pakartá játá hai usí qadar maríz bolne sc árí hotá játá hai, yih marz aksar basabab rahne ke sardí yá namí men hotá hai, khasús us súrat men ki pahle maríz ko párá milú ho.

Maáljah.—Hálat-i-shiddat men tanqiyah ám khún ká munásib hai, lekin darsúrat khaſí hone marz ke ga'e par joñken lagáwen, kyunki aise mauqā par fasd se bihtar hotí hain. Bäd iske muqám mazkúr ko garam pání sc senkeñ, aur garam pání ká poultice úpar lagáwen taki khún járí rahe. Bäd joñkon ke, agar gúnah sozish báqí rahe, to blister lagáwen, lekin iskí zarúrat nahín hai, qabal iske ki asar joñkon ká daryáft ho jáwe, yá us súrat men ki maríz ko táb joñkon kí howe. Basabab chírá dene ke lauztain men niháyat fáidah huá hai, kyunki mawád nikal játá hai. Bäd chír ke dast sáth mautád calomel ke istarah par ki usko khushk zubán par rakkhen, aur bádhú castor oil piláwen, karáwen. Píná garam pání ká maríz ko bahut munásib hogá, kyunki muqám marz ko dhílā karegá, aur isí tarah se ghargharah banáye hue sirká aur shahad aur cháwal aur jau ke pání ká. Agar maríz zaíf ho, to ghizá-i-muqawwí, misl shorbá yá jelly waghairáh ke dewen, aur báz waqt qadre wine bhí piláwen. Agar sozish taraqqí par howe to us ká jláj mánind aur sozishon ke kiyá jáwe; aur agar thahrí hú ho to yih cháhiye ki muqám marz par adwiyah qábiz aur mutharrik misl ghargharáh murattabah jushándah seneká root, lál mirch, aur brandy ke.

Questions.

What are the symptoms of tonsilitis ?

What causes may give rise to the disease ?

What treatment should you adopt ?

CYNANCHE TRACHEALIS; CROUP.

This disease is peculiar to childhood, and those infants who have been early weaned appear more susceptible to it than others ; this disease, however, has been occasionally, though very rarely, met with in adults.

Symptoms.—The disease generally commences during sleep, by a single, sharp ringing cough ; the child then awakes, with a sharp and stridulous voice, the breathing audible, difficult and labored, and often accompanied during inspiration with a crowing sound : the face is swollen and red, the eyes suffused, pulse quick and hard : if old enough, the child complains that he is choaking, and asks for drink : if very young, he tosses about restlessly, and frequently grasps at his throat, as if anxious to remove some obstruction to respiration ; if the disease is not cut short in its first stage, the respiration becomes more and more labored and wheezing, the debility of suffocation then sets in, the countenance pale, the lips livid, the eyes languid, the iris with less color than natural, the pupils dilated, the tongue loaded and with purple edges, thirst considerable, the skin much less hot and clammy, the extremities become cold, the stools dark and foetid, coma or convulsions set in, and the child dies between the third and fifth day.

Treatment.—On the first sound of the ringing cough, the child should have a drachm of ipecacuanha wine in a table spoonful of warm water every quarter of an hour until nausea is produced, which should be kept up for ten or twelve hours ; at the same time, apply to the throat a flannel bag filled with hot salt, which causes a copious perspiration, and very often checks the disease at once. If fever and difficulty of breathing exists, blood should immediately be taken from the hand or arm, and if a sufficient supply

Sawálát.

Kyá alámateñ sozish-i-lauztain kí hotí hain ?

Kin báison se yih marz paidá hotá hai ?

Kyá iláj karná cháhiye ?

CYNANCHE TRACHEALIS; YANE CRUP.

Yih marz kháskar bachpan men hotá hai, aur we atsfál jinká dúdh jald chhuṛáyá játá hai nisbat auron ke ziyádatar mubtilá is marz ke hote hain ; yih marz kabhí jawánon ko bhí ho gayá hai, magar sház.

Alámateñ.—Yih marz amúman sote men shurú hotá hai, sáth ek, aur tez aur khunakdár khánsí ke ; bachchá us waqt jág uṭhtá hai, sáth ek tez past áwáz ke, aur áwáz chalne sáns kí sunáí detí hai, aur dam diqqat aur mushkil se átā hai, aur aksar dam lene men ek tez áwáz nikaltí hai, aur chehrá phúl huá aur surkh hotá hai, aur áṅkhen gulábí, nabz tez aur saṅkt hotí hai, aur agar̄ bachcha bará hotá hai to galá ghuṭne ki shikáyat kartá hai, aur pání mángtá hai, aur agar kam san hotá hai to niháyat bechain aur muztir rahtá hai, aur bár bár apne gale ko pakartá hai, goyá wáste hatáne rukáo ke jo ki mánah tanaffus hai, aur agar marz pahle hí darjah men dafá nahín kyá játá, to ámad-o-raft dam kí ziyádatar dushwár aur tahlíl karnewálí ho játí hai. Bäd is ke zauf aur ghuṭná gale ká shurú hotá hai, chehrá zard, aur honþ míle, aur áṅkhen pazmurdah hotí hain. Tabaí rang qaus qúzah ká phíká ho játá hai, aur putliyán phail játí hain, zubán par mail hotá hai, aur kináre us ke arghawáni. Tishnagí bashiddat aur jild jism kí kam garam hotí hai, aur chipaktí hai. Háth pánw sard rahte hain, aur dast siyáh rang ke aur mutáfin áte hain. Aur ghaflat yá tashannuj shurú ho játá hai, aur bachcha tísre din se páñchwen din tak mar játá hai.

Maqljah.—Barwaqt awwal sunne áwáz khunakdár khánsí ke cháhiye ki bachcha ko ek drachm ipecacuanha wine ká chamche bhar garam pání men páo páo ghante ke fáslah se dete rahan, tawaqteki málisch-i-dil paidá howe, aur málisch-i-dil ko das yá bárah ghanṭe tak qáyam rakhná cháhiye, aur isí arse men gale par párchah flannel ke garam namak se bharí huí thailí lagáwen, kyunki isse pasíná ifrát se átā hai, aur aksar marz ko dafá kar detá hai. Agar bukhár aur diqqat tanaffus maujúd ho to fauran

cannot be procured in this manner, then open the jugular vein : if the child is under two years of age, take from two to five ounces, if under eight years, take from three to eight ounces of blood, which will be about the proper quantity. The lower extremities of the child should be placed in a bath of the temperature of ninety-eight to hundred degrees, and two or three grains of calomel given every third hour ; the calomel ought to move the bowels after the second or third dose ; if it does not do so, a tea spoonful or two of castor oil should be given. If reaction takes place, a second bleeding must be had recourse to. By adopting these active measures, the respiration becomes less labored, the cough loose, and the fever abates. Should the disease have run into the second stage before assistance has been obtained, then recourse must be had to continued emetics : when vomiting has been produced, it must be repeated every two or three hours, as long as the strength will admit of it. A blister should be applied to the *chest*, and not to the throat. Calomel may be given in conjunction with the antimonials, to the extent of two or three grains every second or third hour. If the child is cold and sinking, wine, burnt brandy, or ammonia must be given, but these remedies are only to be employed when all others have failed. When the child becomes convalescent, great attention must be paid to its diet ; he should be carefully and sufficiently protected from the damp and cold easterly winds.

Questions.

- At what age does the disease generally appear ?
- What are the symptoms of croup ?
- What treatment should you adopt, when the child is first attacked ?
- When the second stage has set in, what should you do ?

VARIOLA; SMALL POX.

This disease is divided into two varieties, viz., the distinct and the confluent.

Symptoms of the distinct variety.—The pustules do not touch each other, and are comparatively few in number : there may be one, two, three or a dozen ; but if there be a larger quantity, they are

khún bázú yá háth se lewen, aur agar is tarah se khún káfí ná áwe to jugular vein yane rag habulwaríd kholen, aur agar bachcha do baras se kam үmr ho to do se pánch ounce tak, aur agar áth baras se kam ho to tín se áth ounce tak khún lewen, kyunki yih munásib miqdár hai. Pánw bachche ke garm pání men jis men garmí aṭhánwéñ darjah se sau darjah tak howe, rakkhen, aur do yá tín grain calomel tísre ghanṭe dete rahan, do tín mautádon men cháhiye ki is dawá se dast áwen aur agar na áwen to bamiqdár ek yá do cháh ke chamche ke arandí ká tel piláwen. Aur agar reaction wáqa howe, to dobárah khún lená pur zarúr hai. Basabab in tadbíron ke diqqat-i-tanaffus men farq par játá hai, aur khánsí dhíslí aur bukhár kam ho játá hai. Agar marz dusre darjah par pahunch jáwe qabalaz shurú hone iláj ke to adwiyah muqáí mutwátil den, aur jab ki qai áná shurú ho jáwe, to do yá tín ghanṭe bád dete rahan, táwaqteki ki táqat rahe. Blister chháti par lagáwen, magar gale par nahín. Calomel bashamul adwiyah anti-mony ke bamiqdár do yá tún grain ke dò yá tín ghanṭe bád dete rahan. Agar bachcha sard ho aur hál ghair hotá játá ho, to wine yá jalnewálí brandy yá ammonia dení cháhiye, magar in ilájon kí taraf us waqt rujú karen ki aur iláj mawassir na hue hon. Jab ki bachcha sihat hásil karne lage, to us kí ghizá men bahut ihtiyát cháhiye, aur usko namí aur purwá hawá se baikhúbí mahfúz rakkhen.

Sawálát.

Kis үmr men yih marz amúman láhaq hotá hai ?
 Kyá alámateñ marz crup kí hotí hain ?
 Jab ki awwal yih marz láhaq howe to kyá iláj karen ?

Agar bachcha ko bar waqt shurú hone dúsre darjah ke dekhen, to tab kyá iláj karen ?

VARIOLA ; YANE SÍTLÁ.

Yih bímári munqasim hai do qism men, yane mutáfawat, aur mujtama.

Alámaten.—Qism mutáfawat kí yih hain. Áblah ek dúsre ke muttasil nahín hote, aur tādád men bhí kam hote hain. Is qism kí bímári men barwaqt nikalne dánon ke bukhár kam ho játá hai.

detached. In this form of the disease the fever decreases when the eruption occurs, and when it is complete, the feverishness is nearly gone. The disease shows itself generally about fourteen days after infection, and the commencement of the fever is commonly well marked, being for the most part a sudden and severe rigor, followed by excessive heat, pain in the head and back, nausea, pain at the pit of the stomach, weakness and giddiness, with disposition to heavy sleep. In children, the first symptom is a convulsive fit; on the fourth day inclusive, or it may be forty-eight hours from the commencement of the fever, the second stage begins; an eruption of small, red, elevated pimples shows itself, first upon the face and neck, and subsequently on the rest of the body, being completely out, in a period, varying from twenty-four hours to two or three days. The eruption is not confined to the skin, being often extended to the mucous membrane of the mouth and throat, and sometimes to the "tunica conjunctiva" of the eye: the pimples grow larger and higher, their increase in size being attended with pain in the jaws, and general redness of the skin. In two or three days from their first appearance, they become vesicular, each vesicle containing a straw colored fluid, and depressed in the centre. From day to day, the redness and swelling of the skin increases, and is accompanied with pain, the face becomes swollen, so that the eyelids are usually closed; the hands and fingers also swell. The distinct cells in the vesicles gradually run together, and losing the central depression, they point and form pustules, filled with a thick yellowish matter. This process, called ripening, is completed about the eighth day from the commencement of the fever. The pustules are then about the size of a pea. On the eleventh day, the swelling and inflammation of the skin on the body and face decline, and the pustules on these parts dry up and form scabs, which fall off about the fourteenth or fifteenth day, leaving behind them a scar in some cases peculiar to this disease. The pustules on the hands remain a day or two after the others, and often break and leave troublesome sores.

Treatment of distinct small pox.—As soon as the disease shows itself, the patient should be confined to his room, which should be large, airy and darkened: warm diluents, such as tea, rice or bar-

aur jab ki dâne bîkul nikal áte hain to bukhár baráenám rahtá hai. Qarib chaudah din bad asar marz ke yih bimári aksar apne taín záhir kartí hai, aur ágház taphí se shanákht is marz kí hotí hai, kyunki wuh aksar yakáyak aur sakht shiddat se hote hain, jis ke bad ziyádatí harárat kí aur dard sir, aur dard pusht, aur málisch-idil, aur dard fam medeh, aur nátwání, aur daurán, aur khwáhish wáste gahrí nínd ke hotí hai. Bachchon men pahlí ålamat is marz kí yih hotí hai ki unkotashannuj hotá hai; chauthe din yá sháyat ártális ghanṭe bad bhí shurú tap se dúsra darjah shurú hotá hai; Dâne basúrat chhotí, surkh, ubhrí huí phunsiyon ke awwal chehra aur gardan par aur bad azán báqí jism par nikalte hain, aur chau-bís ghanṭe se do yá tín din ke árse tak bîkul báhir nikal áte hain. Yih bukhár sirf jild badan par lí nahín nikaltá hai balki jhillí tak; muñh aur halq ke phaitá hai, aur baze áñkh ke tunica conjunctiva tak. Dâne jald ziyádah bare aur ziyádah únche ho játe hain, aur unke baṛhne ke sáth dard jabron ká hotá hai, aur tamám badan ká post surkh ho játá hai. Bad do yá tíu din ke unke pahle zahúr se wuh ábladár ho játe hain, aur har ek áblah men glás ke rang ká raqíq muwád hotá hai, aur bich men se past ho játe hain. Roz baroz surkhí aur ámás post ká ziyádah ho játá hai, aur uske sáth dard bhí hotá hai, chehré is qadar súj játá hai ki palkeñ aksar band ho játí hain, háth aur ungliyán bhí phúl jútí hain. Fâslahdár garhe áblon ke batadríj ápas men mil játe hain aur bad záyal hone bich kí pastí ke wuh basúrat phunsiyon ke dikhlái dete hain, jin men ek ghaliz zardí maial medeh bhar játá hai. Yih hálat jis ko pukhtagí kalte hain qarib áthwéñ din ke ágház tap se kamál ko pahunchtí hai, aur tab áblah qarib miqdár maṭar ke ho játe hain. Gyárahweñ din sújan aur warni jism aur chehra kí jild ká ghattá hai, aur áblah in muqámon ke khushk ho játe hain, aur chhilke hokar jhar játe hain. Chaudhwen yá pandhraweñ din bad jhar jáne chhil-koñ ke zaḥhm baz hálaton men báqí rah játe hain, aur yih bát khás isí marz men hotí hai, yih phunsiyán háth par nisbat aur muqámon kí phunsiyon ke ek yá do din bad tak rahtí hain, aur aksar tát jáne se taklíf dahindah zaḥhm báqí rahtí hain.

Maqljah mufáwat qism chechak kú.—Bafaur is ke ki bimári mazkúr zahúr kare, cháhiye ki maríz ek aise makán men rakkhá jáwe o ki bará aur hawádár aur tárik ho, garam raqíq chízen misi cháh

ley water may be given to any extent, and his food to consist of the lightest and most digestible kind that can be procured, such as oatmeal and barley broth, or roasted apples. After the fourth day, opiates should be given at bed time to allay the irritation. Should there be no diarrhoea, the bowels should be gently moved by enemas or mild aperients, as rhubarb and magnesia or manna. Should the fever run high in plethoric persons, it would be well to bleed either generally or locally, to relieve the head or chest. If the weather should be cold or damp, and there be a large eruption, the patient should be kept continually to his bed, with only sufficient clothing on to prevent any sudden check to the eruption. When the disease is going off, mild nutritious food may be given, and if there be restlessness, an occasional anodyne. Stimulants are not often required, and should be given with the greatest caution. The state of the bowels should be carefully watched, and a mild laxative given occasionally.

Symptoms of the confluent form of small pox.—In this form of the disease, the pustules are very numerous and run together, the fever is violent and of a typhoid character, the pulse is not so strong, the patient is very weak. The symptoms in the first stage are similar to those in the “distinct” variety, but more severe and violent; the fever running higher and being accompanied by considerable nervous excitement often amounting to delirium. The eruption appears generally on the third day, coming out earlier than in the “distinct” form, but the fever does not diminish in violence upon the commencement of the second stage as it does in the “distinct” form. At first the eruption has nothing peculiar in itself; but in a day or two you will perceive that the pustule does not rise so high or fill so much as usual, and by degrees those on the face run into one another and form one continuous bag, containing a thin bloody fluid instead of pus. The face becomes considerably swollen, and as the confluence takes place it loses its red color, and becomes white and puffy. About the eighth day, the covering of the pustules changes to a dusky color or it bursts, and dark brownish festid scabs are formed; towards

yá cháwal ke pání yá ásh-i-jau, ki jis qadar cháhen 'de sakte hain, aur uskí ghizá mushtamil ho niháyat subuk aur niháyat qábil hazm hone kí qism se, jo ki báham pahuñch sake misl oatmeal, aur jau ká shurbá yá bhune hue seboñ ke. Bäd chauthé din ke adwiyah khwábáwar wáste kam karne sozish ke sote waqt dení cháhiyen. Agar dast na áte hon, to ánten bamuláimiyat harkat dí jáwen sáth pichkáriyon muláyam adwiyah ke, misl rewand chíní aur magnesia aur manna yane shírkhisht ke. Agar un logon ko jin ke jism men khún ziyádah hai tap kí shiddat howe to tanqiyah ám yá khás khún ká munásib hai wáste taskín sir yá sínah ke. Agar mausam sard yá martúb ho aur dáneháe chechak bakasrat nikle hoñ to cháhiye ki maríz hameshah rakkhá jáwe uske bistar par, aur is qadar káfí kaprá orhe rahe ki dafátan bukhárát nikalne se band na ho jáwe. Jab ki árzah mazkúr rafá hotá játá hai to muláyam taqwiyat dahindah ghizá dí já saktí hai, aur agar maríz ko beqarárí ho to kabhí adwiyah khwábáwar de sakte hain. Adwiyah mutharrík kí aksar zarúrat nahín hotí, aur agar dewen to bahut soch samajh kar. • Hálat rodon kí bahut hoshyári se malhúz rahe aur kabhí kabhí ek khafí mushil diyá jáwe.

Alámaten qism chechak mujtamq kí.—Is qism men bímári mazkúr ke áblah beshumár hote hain, aur ápas men mil játe hain, tap shadíd aur ek typhoid qism kí hotí hai, nabz bahut qawví nahín hotí, maríz bahut nátawan ho játá hai. Alámaten darjah awwal kí waisí hí hotí hain jaise ki qism mutsfáwat men hotí hain, balki ziyádatar sañt o shadíd ho játí hain, aur shiddat tap kí bhí ziyádah hotí hai, aur uske sáth niháyat tahrík rag o putthe kí hotí hai, aur aksar hálat hizyán ho játí hai. Nikalná dánon ká aksar tíre din záhir hotá hai, aur dáne chechak ke báhir nikal áte hain ziyádah jald banisbat qism mutsfáwat ke, lekin sañtí tap kí nahín hotí, ágház darjah doyam par jaise ki wuh kam hotí hai qism mutsfáwat men. Awwal dánon men koí khás chíz nahín hotí, lekin ek do din men áblah is qadar nahín ubharte aur is qadar bharte jaise ki hameshah aur batadríj dáne chehra ke ek dúsra se mil játe hain aur ek hamwár ke se ban játe hain, aur us men ek raqíq kuchh lahúsá bajáe rím ke hotá hai. Chehra niháyat suj játá hai, aur jab ki hajúm wáqa hotá hai wuh apní surkh rangat ko kho detá hai, aur sufed aur rímdár ho játá hai. Qaríb áthwén din ke post áblon ká siyáh sá ho játá hai, yá wuh shaq ho játá hai, aur

the twentieth day, large scabs fall off, disclosing ulcerations of the skin and leaving permanent pits and seams. About the tenth or eleventh day, a secondary fever sets in, attended with a variety of distressing symptoms: the skin becomes dry and hot, with a quickened pulse, white tongue, and thirst; there is often violent delirium or coma present, or that peculiar affection of the nervous system resembling "delirium tremens." The chest is liable to be affected, especially the pleura, which is often the seat of sudden and fatal inflammation. Boils and abscesses may also form in different parts of the body, as well as hemorrhages from some of the passages. Gangrene of the genitals frequently takes place, and usually proves fatal; there is often severe ophthalmia causing sloughing of the cornea.

Treatment of confluent small pox.—Great care is required at the commencement to prevent the fever attaining a dangerous height. When the secondary fever has set in, you should give diluent drinks, occasional aperients, and if there be irritation and restlessness, opiates. It is seldom safe to bleed at this late period. In bad cases of secondary fever, there is often great debility, coldness of the extremities, and typhoid symptoms. A similar state is often produced by the drain of matter from the pustules when they are very numerous, and sloughing sores upon parts of the body exposed to pressure. Under these circumstances, wine, tonics and stimulants are called for, as the only means you have of supporting the patient's strength. Children should have their hands confined, to prevent them scratching the pustules on their faces. The pustules do not require any particular local treatment; if they become hard, anoint them with a little sweet oil, or dust them with starch or other dry powder, when they are discharging thin bloody matter. Change of air will be highly beneficial when the patient is convalescent.

Questions.

How many varieties of small pox are there, and what are they called?

siyāh phore mutāfin chhilke banjāte hain, aur bīswen din hāre bāre chhilke gir parte hain, aur jīl̄d badan men se zākhm zāhir hote hain aur hameshah ko ghāt rah jāte hain. Qarīb daswen yā gyārahwen din ke, ek dūsrī qism kī tap shurū hotī hai, aur us ke sūth mukhtalif taklīf dahindah alāmateñ hotī hain, jīl̄d badan kī khushk aur garam ho jātī hai, nabz tund, zubān sused, aur tishnagī hotī hai, is men aksar hālat-i-hizyān yā behoshī, yā yih ki ek khās dard rag o pūṭhe kā mushābah marz delirium tremens ke hotā hai. Chhātī men basabab is marz ke khalal ho saktā hai, khasūsan ghashaurriyā men jis men yakāyak muhlīk sozish ā jātī hai. Phunsiyān aur dumbul bhī mukhtalif ajzāi jism par ho jāte hain, aur bhī bāzī rāhōn se khūn járī hotā hai. Khusyatāin aksar sar jāte hain, aur aksar mariz halāk ho jātā hai; is marz men aksar dukhnā áṅkhoñ kā wāqā hotā hai jinke sabab se qarīnah men chhichṛe ho jāte hain.

Maáljāh qism mujtamā chechak kā.—Ágház marz men barī ihtiyāt is bát kī rakhnī zarūr hai ki tap is qadar shiādat na pakre ki jisse mujib khauf o khatr ho. Jab ki dūsrī tap shurū ho, to chāhiye ki ashrúbah raqīq aur kabhī kabhī adwiyah mulāyyan aur agar sozish aur beqarārī ho to adwiyah khwābawar dewen. Is pichhle waqt men khūn kā lenā nihāyat khatrnāk hai. Darsūrat bad qism ke hone tap sánī ke aksar barī nātawāní aur sardī háth pāñw kī aur alāmateñ tap typhoid kī hotī hain. Aur aksar basabab nikalne mawād ke phunsiyon se hál tap mazkúr kā sá guzartā hai jis súrat men ki phunsiyān beshumár hōn aur chhichṛe par jáwen, aur zākhm azāe jism ke dabēn. Aisí súraton men sharáb angúr aur adwiyah muqawwī aur mutharrik wāste madad tāqat mariz ke den kyunki sirif yihí tādbír bahál rakhne tāqat mariz ke hai. Is nazr par ki bachcha phunsiyon ko chehrā kī na nochen, un ke háth bāndh diye jáwen. Lagánā kisí dawā kā phunsiyon par, darsūrateki saṅkt ho jáwen zarūrat nahīn rakhtā lakin gúnah mīthā tel mal den, yā un par koí khushk powder chhīrak dewen, jis súrat men ki un men raqīq medeh khūn álūd nikaltā ho. Jab ki mariz ko ifaqāt hásil hai, to tabdīl áb o hawā bahut mufid hogā.

Sawālāt.

Kitne aqsām chechak ke hain, aur unko kyā kyā kahte hain ?

- What are the symptoms of distinct small pox ?
- What treatment should you adopt in the distinct form of the disease ?
- Describe the symptoms of the confluent form of the disease, and the meaning of the term.
- What organ in particular is very apt to become inflamed in this variety of the disease ?
- What treatment should you adopt at first in the confluent form of the disease ?
- What takes place generally about the tenth or eleventh day in the confluent form of the disease ?
- In bad cases of secondary fever, what is often the state of the patient, and what should you then do ?

VARICELLA ; CHICKEN OR SWINE POX.

Symptoms.—The eruption is preceded by more or less fever, and first appears on the back, neck and breast, the face being comparatively free, coming out suddenly in the form of little blisters, about the size of split peas, and filled with a transparent straw-colored or yellow lymph. These vesicles may be oval, pointed, round, or may be confluent, thus constituting the four varieties. Successive crops of vesicles come out, which is characteristic of the disease, not occurring in any other of the eruptive fevers. There is usually a slight degree of redness of the skin round the vesicles, accompanied with itching. About the fourth or fifth day they begin to dry up, turning into brown gummy scabs; these crumble off in the course of a week or ten days, sometimes leaving pits in the skin.

Treatment.—It is merely necessary to keep the child in bed for three days, and not allow it animal food, or heating drinks. Towards the close of the disease, a mild laxative may be given, and the return to its ordinary food must be very gradual.

Questions.

What are the symptoms of varicella ?

Kyá haiñ alámateñ qism mutfáwat chechak kí?

Kyá maáljah awwal ikhtiyár karná cháhiye qism mutfáwat ársah, chechak men?

Bayán karó alámateñ qism mujtama chechak kí aur mané ua lafz ke?

Kaun se azá men kháskar is qism kí bímári men sozish á játi hai?

Kyá ıläj awwal ikhtiyár karná cháhiye qism mujtama bímári mazkúr men?

Kyá wáqá hotá hai əmúman qarib daswen yá gyárahwen din ko is bímári qism mujtama men?

Burí hálatoñ men tap-i-sání kí hálat maríz kí aksar kyá hotí hai, aur us súrat men kyá karná cháhiye?

VARICELLA; YANE CHICKEN YÁ SWINE POX.

Alámateñ.—Dánoñ ke nikalne se pahle ziyádah yá karní tap hotí hai, aur awwal dáne zahir hote haiñ, pusht, aur gardan, aur sínah par, aur chehráh banisbat in azá ke un se mahfúz rahtá hai, aur nikalte haiñ dafatan basúrat chhoṭe chhoṭe áblon ke qarib dalí huí maṭar ke, aur in men ek shafáf str̄w yane ghás ke rang ke, yá zard ratúrat bharí hotí hai. Yih áblah ho sekte haiñ baizáwi, yá nokdár, yá mudawwar, yá hajúm men bhí ho sakte haiñ, aur is tarah inkí chár iqsám hotí haiñ. Mutwátir guchchhe áblon ke báhar nikal áte haiñ jo ki khásah hai is bímári ká, aur kisi qism ke bukhár men jis men dáne nikalte haiñ yih bát nahíñ hotí. Is marz men thoří sí surkhí jild ke gird áblon kí hotí hai, aur uske sáth khárish bhí hotí hai. Qarib chauthe yá páñchwen din ke weh khushk hone shurú hote haiñ, aur mutbaddil ho játe haiñ bich bhúre gonddár chhilkoñ ke, yih tút kar jhaṛ játe haiñ ek haftah yá das din ke arsa men, lekin baze waqt jald badan men garhe chhoṛ játe haiñ.

Maáljah.—Sírf yih bát zarúr hai ki do yá tín din tak bachcha ko uske bistar men rakkhen, aur use ghost yá ashrúba garam na dep. Barwaqt iktitám marz mazkúr ke ek kháffí sá julláb diyá já saktá hai, aur maríz láyá jáwe batadríj uske mamálí aur hameshah kí ghizá par.

Sawálát.

Kyá haiñ alámateñ árzah varicella kí?

How many varieties of eruption are there, and how are they designated ?

What peculiarity is there in this disease, which does not occur in any other of the eruptive fevers ?

What treatment should you adopt in this disease ?

VERMES; WORMS.

Symptoms.—Worms may be suspected to be present when a child looks pale, and grows emaciated, while his belly swells and becomes hard: there is a gnawing, burning, or twisting pain felt in the stomach or about the navel. The appetite is usually precarious, at times voracious: the breath is foetid, and the bowels deranged, being alternately purged or costive, and much mucus passes in the stools. The child picks its nose, or it has great irritation at the rectum, and if it is old enough, complains of faintness from the irritation caused by the worms. Its sleep becomes unquiet, subject to start up, or suddenly awakes from its sleep, it grinds its teeth, the eyes look fixed, and the pupils dilated; there is listlessness, restlessness, or great depression of spirits; sometimes there is pain in the head or even convulsions; the pulse is quickened, the breathing hurried, oppressed or difficult, accompanied with a dry convulsive cough. There are three varieties of worm found in the human intestines, viz. the “*ascaris lambricoides*,” or long round worm, which resides in the small intestines and causes colicky pains about the navel with faintness, also great emaciation and voracious appetite;—the “*ascarides*” or thread worms: these reside in the large intestines, particularly the rectum, and may be often seen in great numbers in the stools, looking like pieces of cut thread; they often creep from the rectum, and may be found in the bed clothes, or seen clustering round the anus; the itching and irritation felt in the rectum, generally increased in the evening, is a characteristic sign of their presence;—the “*toenia*” or tape worm, this last variety is more frequently found in the adult, and has often been seen ten or fifteen yards in length.

Us men kitní qísmen dáne kí hotí hain aur kistarah weh nishán kí gaí hain?

Is bímári men wuh kaunsí khasúsiyat hai jo ki nahín wáqa hotí hai kisí aur nikalne wále dánon men?

Kyá iláj ikhtiyár karna cháhiye is bímári men?

VERMES ; YANE KIRM-I-SHIKAM.

Alámateñ.—Jab ki bachcha zard dikhlái de, aur roz ba roz nátawán hotá jáe, to yih gumán ho saktá hai ki uske peñ men kíre hain; uská peñ phúl játá hai, aur sakht ho játá hai, medeh men yá qaríb náf ke sozindah yá pechishdár dard hotá hai. Ishtahá hameshah besabát hotí hai, magar baze auqát bahut tanaffus mutaffin hotá hai, aur rodeh basabab iske ki kabhí ishál aur kabhí qabz rahtá hai betartíb ho játe hain, aur daston men bahut áñw átí hai, bachechá apní nák ko khujlátá hai, yá uske miqad men ek sozish hotí hai, aur agar wuh káfí bará hotá hai to wuh shikáyat ~~zurí~~ kí us sozish se rakhtá hai jo ki babáis kíron ke paidá hotí hai. Bachchá áram se nahín sotá, dam badam chaunk partá hai, aur dafátan sote sote jág ughtá hai, aur apne dánt chabátá hai, aur áñkhen pathrá játi hain aur putliyán barí ho játi hain. Is marz men ghaflat aur baqarár yá niháyat zauf-i-hawás hotá hai aur baze auqát dard sir yá tashannuj hotá hai, nabz tund ho játi hai, aur dam jald jald átá játá hai, aur uske áne jáne men taklíf aur diqqat hotíhai, aur uske sáth ek khushk tashannuj ke sáth khánsí hotí hai. Insán ke rodeh men tín iqsám kíron kí hotí hain, jinkí tafsíl yih hai. “Ascaris lambricoides” yane lambá mudawwar kirá jo ki chhotí ánton men rahtá hai, aur bájs hotá hai qulinj ke se dardon ká, qaríb náf ke sáth hálat ghashí ke, aur is men bare bare dast áte hain, aur bhúkh ziyádah hotí hai. “Ascarides” yane sút ke se kiře: yih rahte hain barí ánton men, khasúsan miqad men, aur aksar bakasrat dekhe já sakte hain daston men, aur dikhlái dete hain misl katre hue sút ke tukron ke, weh aksar chalte hain miqad se aur dekhe já sakte hain bistar ke kapron men yá unká guchhá gird miqad ke dikhái detá hai, aur khárish aur sozish káñch men málum hotí hai, aur yih shám ke waqt aksar ziyádah ho játi hai, aur hai ek khás alámat unkí maujúdgí kí. “Tonia”—yih akhír qism hai, aksar pái gaí jawán ádmíyon men, aur aksar dekhí gaí hai das yá pandrah gaz lambán men.

Treatment.—As turpentine generally acts against all kinds of worms, and may be safely given to very young children, you should administer this medicine in doses of half a drachm to one drachm of the oil of turpentine mixed in a little milk, two or three hours after a meal, and not on an empty stomach, following it up with castor oil two or three hours after; in adults, the dose may be increased to one or two ounces: persons should remain quiet after taking this medicine, as it is very apt to irritate the stomach and cause vomiting. The thread worm is speedily removed by injections of turpentine and rice or barley water; the medicine should however be taken internally also. The food should be nutritious, or even occasionally stimulant, salt being freely eaten at meat time. Injections also of sulphate of iron, from two to five grains, with four ounces of water for a child, will be often found very serviceable.

Questions.

What are the usual symptoms of a child having worms?

How many varieties of worms are there found in the human intestines, and what are they called?

What treatment should you adopt for their removal?

What kind of food should you give those laboring under this affection?

Maqljah.—Chúñki turpentine aksar əmal kartá hai barkhiláf tamám qismon kiron ke, aur diyá já saktá hai bahut chhoṭe bachchon ko bhí, to cháhiye ki istamál is dawá ke tel ká nisf drachm se ek drachm tak thore se dudh men milákar do yá tín ghante bād kháne ghizá ke karen, magar medeh khálí na ho, aur phir do tin ghanṭe bād is ke arandí ká tel dewen; cháhiye ki maríz bād kháne is dawá ke kuchh harkat na karen, kyunki us medeh men jald sozish paidá ho saktí hai, aur qai á saktí hai. Wáste jawán ádmiyon ke maʊtád ziyádah kí já saktí hai ek yá do ounce tak. Sútí kire jald nikále já sakte hain sáth pichkáriyon turpentine aur cháwal ke páni yá áb-i-jau ke, lekin cháhiye ki yih dawá khái bhí jáwe. Ghizá honí cháhiye muqawwí bhí yá kabhí kabhí mutharrik, aur namak waqt ghizá ke baikhúbí kháyá jáwe. Pichkáriyán sulphate of iron do grain se pañch grain tak sáth chár ounce páni ke ek bachche ke liye bahut musid pái jáwengí.

Sawálát.

Kyá hain māmúlí alámaten ek larke kí pet men kire hone kí?

Kitní qism ke kire insán ke rodon men pae gae hain, aur wuh kyá kahlé játé hain?

Kyá ıláj tum iktiyár kar sakte ho wáste rafá karne in kiron ke?

Kis qism kí ghizá dení cháhiye un logon ko jo ki is bimári men mubtilá hote hain?

PART IV.
ON
TOXICOLOGY.

BA'B CHAHAR'AM.

DAR BAYA'N ZAHAR.

PART IV.
ON
TOXICOLOGY.

Question.—What is a poison ?

Answer.—That which when applied externally, or taken internally, causes such derangement, as to produce disease, and at times, death.

Q.—How are poisons divided ?

A.—Into animal, vegetable, mineral and aerial.

Q.—How many classes of poisons are there ?

A.—Six, viz.

The corrosive, as corrosive sublimate, red oxyde of mercury, the sulphate of mercury, mercurial vapours; preparations of arsenic, copper, tin, zinc, nitrate of silver; the mineral acids; the corrosive alkalies, as the subcarbonate of soda, potash, ammonia, lime, powdered glass, and Spanish flies.

The astringent, as preparations of lead.

The acrid, as the gases, chlorine, muriatic acid, sulphuric acid, nitrous and nitro-muriatic vapors.

The narcotic and stupifying, the gases hydrogen, azote, and the oxyde of azote, opium, stramonium, henbane, prussic acid, &c.

Narcotico acrid, as carbonic acid, or the gas of charcoal, and fermenting liquors, belladonna, tobacco, foxglove, camphor, coccus indicus, ergot of rye, &c.

Septic or putrescent, sulphuretted hydrogen, putrid effluvia of animal bodies, the bites of venomous animals, the rattlesnake, scorpion, mad dog, &c., &c.

MINERAL POISONS ; PREPARATIONS OF ARSENIC.

Symptoms.—Little or no taste; generally within an hour, pain and heat are felt in the stomach, soon followed by vomiting, with burning and dryness of the throat, and great thirst; the ejected matters are green, yellow or bloody. Diarrhoea and tenesmus ensue, the pulse becomes small, frequent and irregular, and the

BÁB CHAHÁRAM.

D A R B A Y A' N Z A H A R.



Sawál.—Bayán karó zahar kyá hai ?

Jawáb.—Jo chíz kháne yá badan par lagáne se bímári yá maut paidá kare.

S.—Iqsám-i-zahar kyunkar hain ?

J.—Haiwánátí, nabátatí, dhátí aur aerial yanç hawái.

S.—Iqsám-i-zahar kai hain ?

J.—Chhah hain.

1st. *Corrosive*, misl corrosive sublimate, red oxide of mercury, sulphate of mercury, mercurial vapors, preparations of arsenic, támbá, tin, zinc, nitrate of silver, dhátí tezáb, corrosive alkalies, misl subcarbonate of soda, potash, naushádar, chúná, pisá huá shíshah, aur Spain kí makkhí.

2nd. *Qábiz*, misl preparations of lead.

3rd. *Hamúziyát*, misl gases, chlorine, muriatic acid, sulphuric acid, nitrous aur nitromuriatic vapors.

4th. *Muskir*, aur stupifying, yanç behosh karnewálá, misl gases, hydrogene, azote, aur oxyde of azote, opium, stramonium, henbane, prussic acid, waghairah.

5th. *Muskir hamúziyát*, misl carbonic acid, yá gas of charcoal, aur urenwálí pání kí chíz, belladonna, tambákú, foxglove, kafúr, coccus indicus, ergot of rye, waghairah.

6th. *Badbúdár*, sulphuretted hydrogen, badbú sarí huí nash haiwánát kí, zahrile haiwánát, rattlesnake yanç sánp, bichchú, díwáná kuttá, waghairah.

DHÁTÍ SAMÚMIYÁT; MURATTABÁT SANṄKHIYAI KE.

Alámateñ.—Záeqá bahut kam yá nahín hotá, amuman ek ghanṭe ke arse men hiddat-o-dard medeh men malum hotá hai, aur fauran bad iske dík lag játi hai aur halqum men sozish aur khushkí, piyás kí shiddat hotí hai, qai yá to zard yá sabz yá khún álud hotí hai. Is mauqa par dast aur nibáhi hotí hai, aur nabz patlí aur sarí aur

breathing oppressed. Dysuria and bloody urine occur; cramps and slight convulsions often precede death, which sometimes takes place in five or six hours after the arsenic has been taken.

Treatment.—Excite vomiting by emetics of sulphate of zinc if not already present, encourage it with large draughts of new milk, gruel, or linseed tea, so as to envelope, and get rid of the arsenic. Inflammatory symptoms are to be subdued by bleeding from the arm, leeches and fomentations to the abdomen; emollient clysters, and other appropriate remedies. Dysenteric and nervous consequences should be relieved by the usual remedies. If death does not ensue, the diet should be fluid, farinaceous and demulcent for a considerable time afterwards.

Tests.

Those most usually now employed are Marsh's and Reinch's, and may be thus described.

Marsh's test.—It is the reduction of the metal by calcining in a small glass tube with a spirit lamp, the dried suspected matter, mixed with fresh burnt charcoal, when, if arsenic be present, even the hundredth part of a grain, it will be sublimed, and adhere to the inside of the tube in the form of a shining metallic crust externally, and appear crystalline internally, when viewed with a magnifying glass; this crust may be reconverted by exposure to heat, into the white oxyde, consisting of minute octahedrons with triangular faclettes, easily recognised with a microscope.

Reinch's test.—This is considered a more delicate test than the former. It consists in boiling the suspected substance with electrotype copper and strong muriatic acid. Metallic arsenic is deposited as a black coating on the copper, and by removing this metal from the liquid, washing it with a little distilled water, and allowing it to dry, on heating it in a glass tube, the metallic arsenic and crystals of arsenious acid sublime.

beqáidah ho játí hai, aur sáns diqqat se átā hai, pesháb bataklif aur khún álúd átā hai, aint̄han aur gunah tashannujaksar qabalaz maut ke láhaq hotá hai, baz auqát páñch yá chhah ghanṭe bād kháne sankhiyá ke.

Maqljah.—Adwiyah qaiáwar sulphate of zinc se qai ko ziyádatí den, aur agar yih maujúd na ho to kuchh dúdh tázah yá cháwal kí pích yá alsí kí cháh is qadar ifrát se piláwen ki sankhiya men makhlút hokar is ko qai men nikál den. Agar alámaten sozish kí numáyén howen to un ko bazariyah háth ke fasd, joñkon, aur senk-i-shikam, aur mulayyan pichkáriyon aur aur tadábír munásib se rafa karen. Wáste rafa ishál aur khalal is áb ke lázim hai ki māmúl iláj ámal men láwen. Agar maut láhaq na ho to ghizá muddat tak raqíq aur táqatbaksh aur naram dene cháhiye.

Shanákh.

Taríq shanákh ke, jo niháyat aksar in dinon men ámal men áte hain weh do hain, ek to Mársh sáhab ká, dúsrá Reinch sáhab ká, aur hál unká zail men likhá hai.

Mársh sáhab ká taríq shanákh ká—Yih hai: nikálná mādní ká bazariyah jaláne ke use spirit lamp se darmiyán ek síse kí nalí ke khusk kí huí shai ko jis men shubah zahar ká hai, táze jaláe hue koelon men milá den, agar sankhya us men makhlút hoke bamiqdár soweñ hisse ek grain ke ho to bhí farár hoke andar kí taraf nalí men aur báhir se bashakl tábindah mādní chhilke ke, aur andar se misl billaur ke díkhái degí agar jo durbín se musháhidah karen. Agar is chhilke ko muqábil garmí ke karen to wuh sused oxyde men mubaddil ho jáegá, aur basúrat chhoṭe chhoṭe hasht pahlú yá musallas tukron ke mubaddil hokar bazariyah microscope yane barháne wále síse se dikhái degá.

Taríq shanákh Reinch sáhab ká—Yih pahle se niháyat behtar taríq shanákh ká hai, aur wuh yih hai, ki us shai ko ki jis men shubah zahar ká ho sáth electrotype támber aur tez muriatic acid, yane namak ke tezáb ke josh den. Sankhiya misl siyáh tah támber ke úpar jam jáwegá, aur us mādaní shai ko raqíq shai se judá kar ke aur thore khínghe hue pání se dho kar aur khushk kar ke agar sise kí nalí men us ko garmí den to sankhiya mādaní aur chhilke sankhiya ke tezáb se jam jáwenge.

PREPARATIONS OF ANTIMONY. .

Symptoms.—Similar to those occasioned by acids, with painful and obstinate vomiting, copious stools, constriction of the throat, cramps, symptoms of intoxication, and prostration of strength, often terminating in death.

Treatment.—Vomiting to be excited by tickling the throat with a feather or the finger, and by large draughts of mild bland fluids, as rice water, gruel, or linseed tea; or allayed by opium according to the previous effect of the poison. The best antidotes are, decoctions of astringent vegetables, such as oak, cinchona, or willow bark, gall nuts or strong tea, which may be given freely to excite vomiting, and at the same time to decompose the poison.

Tests.

Tartarized antimony is precipitated from its solution, of an orange color, by sulphuretted hydrogen and the hydro-sulphurets, the precipitate being reduced to the metallic state, by exposure to a stream of hydrogen gas while heated in a glass tube. It is also precipitated white by sulphuric acid, alkalies, lime, and barytes waters. Alkaline and earthy neutral salts do not affect it, but salts with excess of acid do. The muriate of antimony is a dark heavy fluid, to which if water be added, a white precipitate is formed. The oxyde is soluble in muriatic acid, forming the muriate. All the preparations of antimony are readily reduced to the metallic state on a large scale, by calcination with charcoal and potash.

PREPARATIONS OF BISMUTH.

Symptoms.—Similar to those of other corrosive poisons, with great heat in the chest and very difficult breathing.

Treatment.—No specific antidote is known. Milk and mild mucilaginous fluids to be drank plentifully to facilitate vomiting, and purgatives should be given.

MURATTABÁT ANTIMONY KE.

Alámateñ.—Waise hí hote hain jo ki acid yane tezáboñ ke kháne se paidá hotí hain, sáth is bát ke ki dard ke sáth dák bashiddat lag játí hai, aur dast bakasrat járí ho játe hain, aur galá ghuṭ játá hai, aur tashannuj ho játá hai, aur alámateñ behoshí kí numáyán hotí hain, aur táqat záyal ho játí hai, aur aksar maríz mar játá hai.

Maáljah.—Cháhiye ki qai ko bazariáh gudgudáne gale ke par yá unglí se aur raqíq aur latíf ashrúbah misl cháwal ke pání, pích yá cháh alsí, bakasrat dewen, yá usko bazariáh dene afiun ke kam karen, jis tarah par ki zahar ne pahle asar kyá hai. Bahtar adwiyah dáfa-uz-zahar joshándah qábiz nabátát ke hote hain, misl chhálon darakht oak, cinchona yá willow ke: májú phal yá tez baní huí cháh bhí dafa zahar hai, aur unko bakhúbí piláwen wáste ziyádah karne qai ke, aur is nazar par ki zahar ko judá kare.

Shanákh.

Tártarized ántimony baiñ játí hai bäd ghulne ke, aur rang us ká náranjí ho játá hai; sulphuretted hydrogen aur hydro-sulphurets se fauran bahálat mādaní ho játí hai babáis lagne hydrogen gás ke jab ki síse kí nalí ko gunah garmí pahunché. Uskí rangat sulphuric acid, alkalies, chúná, aur barytes pání se fauran sufed ho játí hai. Alkaline aur zamíni neutral namak uspar kuchh asar nahín karte, lekin namak mai tezáb ke kartá hai; muriate of ántimony goki siyáh aur gadlá pání hai lekin agar us men pání ko shámil karen to fauran barang sufed ho jáegá. Oxyde ke galne se muriatic acid men, muriate ban játá hai. Sabtarah kí antimony fauran bahálat mādaní ho kar bare bare chhilke ban játe hain chár-coal aur potash ke sáth jaláne se.

MURATTABÁT BISMATH.

Alámateñ.—Iskí misl alámateñ corrosive sammumiyát ke hain jin men niháyat garmí sínah aur diqqat sáns malum hotí hai.

Maáljah.—Koí maíhsús zaharmohrá yane dáfa-uz-zahar is ká hanoz tajwíz nahín huá, balki sirf dúdh aur mulayyan luábdár ashrúbah bawáste karáne qai ke bakasrat piláte hain, aur bädhú julláb dete hain.

Tests.

The nitrate boiled with distilled water is decomposed, part being precipitated as sub-nitrate, and part remaining dissolved, being a super-nitrate. This solution is colorless, reddens litmus paper, and the hydrosulphurets produce a black insoluble sulphuret of bismuth. The sub-nitrate is soluble with a little heat in nitric acid, from which the alkalies precipitate the white oxyde, which is easily reduced by calcination. Chromate of potash precipitates it yellow.

PREPARATIONS OF COPPER.

Food cooked in foul dirty vessels, and pickles made green by copper.

Symptoms.—Taste acrid and coppery, tongue dry and parched, constriction of the throat, and coppery eructations, severe vomitings, or fruitless efforts to vomit, dragging at the stomach, dreadful colic, frequent black bloody stools with tenesmus, abdomen distended, pulse small, hard and quick; syncope, great thirst and anxiety, cold sweats, scanty urine, cephalalgia, vertigo, cramps and convulsions, usually preceding death.

Treatment.—Large draughts of milk and water to encourage vomiting, whites of eggs stirred up with water and taken freely. Inflammatory symptoms to be subdued on general principles, and the nervous symptoms by anodynes and antispasmodics; sugar dissolved in coffee may be given with advantage. The ferrocyanate of potash has also been recommended as an antidote, next to albumen or white of eggs.

Tests.

The salts of copper are mostly of a bright green or blue color, and are easily reduced by charcoal at an elevated temperature. The sulphate is partly decomposed by alkalies and alkaline earths. Potash precipitates a subsulphate of a green color from it. If the salts of copper be dissolved in coffee, port wine, or malt liquors, which in part decomposes them, they may be detected by adding

Shanákhī.

Chuáe hue páni aur shore ke sáth agar josh kyá jáwe to wuh iláhda ho kar fauran misl subnitrate ho jáegá aur jo chíz ki us men báqí rahegí so wuh ghol kar super-nitrate bad rang surkhí mál misl litmus kághaz ke rahegí. Aur hydro-sulphurets ek siyáh rang aur qábil na galne ke jo usse paidá hotá hai wuh sulphuret of bismuth hai. Agar shore ke tezáb men sub-nitrate ko ghol kar gúnah garmí karne pahuncháwen to wuh galkar fauran basúrat alkalies sufed kúshte ke, qábil-i-sokhtane baásane tamám ho jáwegá. Chromate of potash usko fauran basúrat zardí láwegá.

MURATTABÁT TÁMBÁ.

Kháná pakáyá huá beqalaí bartan támbe men, aur achár jo ki sabz ho játá hai rakhne se támbe men.

Alámateñ.—Záiqa tursh aur kasílá, aur Zubán par khushkí aur jalan, aur galá ghuṭtá huá málum hotá hai, dakáren khattí átí hain, qai bakasrat hotí hai, aur harwaqt jí aisá málish kartá rahtá hai ki qai ho jáwegí, aur medeh men niháyat taqáqur mai dard ke rahtá hai, bárhá siyáh rang ke dast khún ámez nabábí ke sáth áte hain, aur pet phúlá rahtá hai, nabz tezrau aur sakht aur kam hotí hai, ghashí kasrat aur tishnagí aur udásí málum hotí hai, ṭhanđe pasí-nah bhí áte hain, aur pesháb kam hotá hai, cephalalgia, ghumeri akráhañ aur tashannuj niháyat ho kar maríz mar játá hai.

Maáljah.—Bakasrat dúdh aur páni pilákar qai karáwen, sufaidí ande kí hamráh páni ke baķhúbí piláte rahan, táki alámateñ sozish rafá ho jáwen, aur tez dard ásáb ko adwiyah mai khuábawar aur dáfa tashannuj se taskín baķhshen, aur agar qahwah ko shírín karke piláwen, to usse bhí bará fáidah mutsawwar huá hai; ferrocyanete of potash ko bhí ek dáfa-ul-zahar jána hai, jab ki sufedí ande ke bád piláwen.

Shanákhī.

Zangár bazát khud sabz yá nílá chamakdár rang ká hotá hai, agar koele baķhúbí roshan karke usko garmí pahuncháwen to wuh baásání tamám pighal jáwegá; khár aur khári mat̄t̄iyon ko agar sulphate se miláwen, to uská juz o kul iláhidah kar denge, aur potash jo ki subsulphate hai, fauran rangat sabzí máyal pakregá. Agar zangár men qahwa, port wine, yá malt liquors gholá jáwe, to unko phár

a spirituous tincture of guiacum, which will occasion a precipitate varying in shade from a greenish indigo to that of a pale green. Ammonia added to a solution of any cupreous salt, gives a blue or greenish precipitate according to the quantity, but if added in excess, it re-dissolves the precipitate, and forms a deep blue transparent solution; ferrocyanate of potash produces a fine brown precipitate, and oxyde of arsenic with a little ammonia a grass green one.

PREPARATIONS OF SILVER.

Symptoms.—Similar to those occasioned by other corrosive poisons.

Treatment.—A table spoonful of common salt to be dissolved in a pint of water, and a wine glassful to be taken every two or three minutes, to decompose the poison; after which, mucilaginous drink may be given freely, followed up by purgatives.

Tests.

Nitrate of silver is precipitated white by muriate of soda, yellow by phosphate and chromate of soda; if placed on burning coals, it enlivens them, leaving a coating of silver; calcined with charcoal and potash, the silver is reduced to its metallic state.

PREPARATIONS OF LEAD.

Symptoms.—When taken in large quantity, a sugary, astringent metallic taste; constriction of the throat, pain in the region of the stomach, obstinate, painful, and often bloody vomitings; hiccup, convulsions, and death.

Treatment.—The same as recommended for the salts of barytes; in addition to which, bleeding must be used, if symptoms require it. Castor oil, either with or without opium, to clear the bowels, assisted by frequent emollient clysters; the warm bath should not be omitted. Carbonates should not be given, as they increase the activity of the acetate.

kar khud یlahdah ho játá hai, spirit ámez arq guiacum ká jo ki fauran hyyat uskí tabaddul karke sabzí máyal nílá yá zardí liye hue kar detá hai, agar ammonia ko kisí zangár se murakkab karen to usse nílí yá sabzí máyal rangat hasb miqdár ke fauran paidá hogí; agar miqdár se ziyádah miláwen, to wuh galkar fauran ek gahrí rangat ká nílá shafáf solution ban jáwegá, bhúrī rangat ferrocyanete of potash ke miláne se fauran bigar játá hai, aur qadre ammonia aur oxyde of arsenic ke miláne se ghás kí sí sabz rangat ho játí hai.

MURATTABÁT CHÁNDÍ.

Alámaten.—Is men bhí wuhí wáqa hotí hain misl corrosive zahron ke.

Maáljah.—Ek bařá chamcha namak-i-taám ká ádh ser pání men ghol kar aur ek sharáb píne ká glass bharke do yá tín lahzah men piláte rahan, wáste یlahdah karne zahar ke, bad azán ash-rúbah luábdár baķhúbí piláwen, aur julláb dewen.

Shanákhí.

Nitrate of silver fauran sufed ho játá hai, sajjí ke namak se zard phosphate aur chromate sajjí ke se; agar usko jalte hue coals par rakkhen to do bárah zindah ho kar chándí ká ruáq un par jam jáwegá, koela aur potash men jaláne se chándí fauran bahálat-i-mádaní á jáwegí.

MURATTABÁT SÍSA.

Alámaten.—Agar koí shákhs ise bakasrat khá jáwe, to shírin aur charcharí ashyái mádní ká sá záiqá ho játá hai, sukar jána halaq ká, dard medeh sakhtí, qai dard ke sáth átí hai, magar aksaron men khún bhí átá hai, hichkiyán lag játí hain, tashannuj hokar ádmí mar játá hai.

Maáljah.—Is ká maáljah wuhí hai jo ki wáste namak barytes ke tajwíz huá hai bashamúl uske iske istamál men fasd bhí lázim hai, basharteki alámát muqtazí fasd lene kí hog, wáste sáf karne aptariyon ke arandí ká tel khwá afyún ke sáth yá bidún afyún ke maj huqnah hái adwiyah mulayyan ke aksar istamál men láyá jáwe; istamál garm pání ke ghusl ká faroguzásh na ho, carbonates dense makhí cháhiyen, kyunki we acetate mazkúr kí tezí ko ziyádah karenge.

Tests.

All the preparations of lead are easily reduced to the metallic state, by calcination with charcoal. The acetate dissolved in water, is precipitated white by sulphuric acid, these precipitates being easily reduced by calcination. The alkaline sulphurets precipitate the acetate of lead of a blackish color, and so does sulphuretted hydrogen gas. A piece of zinc, suspended in a solution of lead, abstracts the lead from the fluid, and it then becomes deposited on the zinc in the form of a metallic tree or crystallization.

PREPARATIONS OF MERCURY.

Symptoms.—An acrid metallic taste, immediate constriction and burning in the throat, with anxiety, and tearing pains in the stomach and bowels; nausea and vomiting of various colored fluids, sometimes bloody; profuse diarrhoea and sometimes dysuria, pulse quick small and hard, faintings, great debility, difficult breathing, cramps, cold sweats; death occurring within twenty-four or thirty-six hours after the sublimate has been taken.

Treatment.—Whites of eggs to be mixed with water, and one to be given every two or three minutes to procure vomiting, and by decomposing, to lessen the virulence of the poison. Milk in large quantities, gum water, or linseed tea, sugar and water, or plain water at about 80°; gluten as it exists in wheat flour, decomposes the sublimate, and should be given mixed with water. Inflammatory consequences should be anticipated, and subdued as they occur, in the usual manner.

Tests.

Mercurial preparations heated to redness in a glass tube with potash, are decomposed, the quicksilver being volatilized. The oxy-muriate is precipitated white by ammonia, yellow by potash, and of an orange color by lime water; by nitrate of tin, a copious dark brown precipitate is formed, and by albumen mixed with cold water a white flocculent one. A few drops of solution of sublimate, placed on a bit of gold, forms a silvery amalgam on it, if touched with an iron pin, owing to a galvanic energy being excited at the

Shanákh.

Sab tarah ke muraltabát sísa ke baásání tamám apní hálat mágdñí par á sakte hain, koelon men jaláne se acetate pání men gholá huá sulphuric acid ke zariáh se sufed ho kar jald baiṭh játá hai, yih durd jaláne se baásání tamám súrat pakar játá hai. Alkaline sulphurets acetate of lead ko jald siyáh kar detá hai, aur isí tarah sulphuretted hydrogen gás bhí kar detá hai, agar ṭukre zinc ko ghole hue sísa men laṭká den, to wuh sísa ko pání se phár kar judá kar detá hai, aur zinc men jamā hokar bashakl ek mágdñí darakht yá shafáš o tábindah chíz ke ho játá hai.

MURATTABÁT PÁRA.

Alámaten.—Záiqa tursh ashyáí mágdní ká sá hotá hai, dafatan sukar jánaur jalaq kí mai taraddud aur kharásh medeh aur antariyon ke dard hotá haí, málish i dil aur qai rang barangí raftúbat kí átí hain, báz auqát khlún áinez. Dast bakasrat jári Mo játe hain, aur báz waqt dysuria nabz tez bárík aur saḥkt ghashí bahut zauf ámad o raft, dam men dushwári, tashannuj, sard pasíua ána aur aur alámát bad záhir hotá hain, chaubís yá chattis ghanṭe bád kháne sublimate ke maríz mar játá hai.

Maáljah.—Suseú andon ki pání men milákar qai karáne ke wáste do do tín tín lahze bád dí jáwen táki sakhtí zahar iláhidah aur kam ho jáwe, dúdh bakasrat, gond ká pání, alsí ke bíj ká pání, shakkar aur pání yí sádá pání assí darje tak dyá jáwe; gluten jo ki gehuṇ ke áte men hotá hai sublimate ko nikál detá hai, us ko agar pání men milákar dewen, magar sozish ká Ḳhyál bhí malhúz rahe, aur agar paidá huí ho to us ká iláj bataur māmúlí kyá jáwe.

Shanákh.

Murattabát páre ko ek síse kí nalí men maíkhár ke lál aur garam karne se iláhdah ho játe hain aur pára uṛ játá hai. Oxy-muriate nausádar se sufed, aur khár se zard, aur chúne ke pání se náranjí rang ká ho játá hai. Shore aur lohe kí sharáb se bahut siyáh bhúre rang ká fauran ban játá hai aur sufedí ande kí aur ṭhande pání men miláne se flocculent yane rúí ká gálá sa ho jáwegá. Agar chand qatrah ghole hue sublimate ke ek ṭukre sone par rakkhen to wuh símen majmuā ban játá hai. Jo ek lohe kí súí

point of contact. The hydriodate of potash and protochloride of tin are very delicate tests of sublimate.

PREPARATIONS OF TIN.

Symptoms.—Taste austere and metallic, with constriction of the throat, vomitings, with pain over the whole abdomen, copious stools, pulse small, hard and frequent, convulsive movements of the extremities and face, sometimes paralysis, and mostly death.

Treatment.—Milk to be given in large quantities to distend the stomach and produce vomiting, and afterwards to decompose the remains of the poison. Inflammatory or nervous symptoms to be subdued as they occur in the usual manner.

Tests.

The muriate precipitates gold from its solution of a purple color; it is itself precipitated of a bright yellow color by strong tea or alcoholic infusion of galls. Albumen or gelatine occasions a copious flocculent precipitate. The oxyde may be volatilized by heat, is soluble in nitric acid, combines with earths by fusion, and with fixed alkalies forms enamel; it is easily reduced by calcination.

PREPARATIONS OF ZINC.

Symptoms.—An acerb taste, a sensation of choking nausea, and vomiting, pain in the stomach, frequent stools, difficult breathing, quickened pulse, paleness of face, coldness of the extremities, but seldom death, owing to the emetic quality of the poison.

. *Treatment.*—Vomiting, which is the usual consequence of large doses of sulphate of zinc, to be rendered easy by draughts of warm water, and particular symptoms to be met by appropriate remedies. Milk and white of eggs may be given as in poisoning with copper.

Tests.

The pure sulphate is precipitated white by caustic potash and ammonia, yellowish white by the alkaline hydro-sulphurets, and of an orange color by the chromate of lead. The oxyde is readily reduced by calcination with charcoal and nitre, and when heated

us men lagáí jáwe to fauran galvanic ghalbá ho kar ekhí jagah men jama ho jáwegá. Hydriodate of potash aur protochloride of tin se bahut achhchí shanaķht sublimate kí hai.

MURATTABÁT TIN.

Alámaten.—Záiqá tursh aur ashyaí mādní ká sá mai sukar jáne halaq ke. Qai ká áná mai dard ke tamám peṭ men, kasrat-i-ishál, nabz bárík, sakht, aur tezrau, aur tashannuj, dast o pá o chehre ká; baze waqt fálij, aur aksar maut.

Madljah.—Wáste nafkh-i-medeh aur qai láne ke awwalan dúdh bakasrat piláyá jáwe aur bád azáp báqíah zahar iláhdah kyá jáwe. Sozish rag o puṭthe kí alámaten besaur ibdás rafa kí jáwen bataur māmúli.

Shanákhí.

Namak sabz rang ká baiṭh játá hai jab ki us ko nafarmáne rang men dálen, bazát khud tábindhá zard rang ká ho játá hai, tez baní huí cháh yá sharáb ámez khisándah mázú se sufedí ande ke yá gelatin ke ámezish se ek niháyat ruí ká sá galá durd baiṭh játá hai, garmí páne se kushtá uská ur játá hai. Nitric acid men gal játá hai. Pighláne se khák meñ mil játá hai, aur mujassim khár se enamel ban játá hai, phúkná uská ásán hai.

MURATTABÁT ZINC.

Alámaten.—Záiqa kharáb, nalkhara ruká huá sá, jí matlátá huá, qai átí huí, dard medeh meñ, dast barhá áte hue, diqqat sáps, tezí nabz, zardí chehre, malúm honá sardí ká dast o páñw meñ, lekip gáhe maríz mar bhí játá hai.

Madljah.—Barí mautáden sulphate of zinc se ki jo qai hote hain unko bakasrat garam páni se rafa karná cháhiye, aur makhsús alámaten agar daryáft howen to un ká iláj māmúli karen. Dúdh aur sufedí ande kí dewen jaisá ki zahar khurdah támbe ko dete hain.

Shanákhí.

Khális sulphate baiṭh játá hai barang sufed caustic potash aur nausádar se, zardí māil sufed ho játá hai alkaline hydro-sulphurets se. Aur barang náranjí tabaddul hotá hai ámezish cromate se. usko kushtá banáyá cháhen to koele aur shore men

nearly to redness, it becomes yellow, and on cooling becomes white again; this is very characteristic.

BY MINERAL ACIDS.

Symptoms.—An acid burning taste, acute pain in the throat, frequent vomiting of bloody fluid, which effervesces with chalk or alkaline carbonates, and reddens litmus paper, the mouth or lips excoriated, shrivelled, white or yellow, hiccup, copious stools more or less bloody, tenderness of the abdomen, difficult breathing, irregular pulse, excessive thirst, drink increasing the pain and seldom staying down, frequent but vain efforts at micturition, cold sweats, altered countenance, convulsions and death. If prussic acid be taken largely, death is the immediate result; in smaller quantities, it produces stupor, nausea, vertigo, with loss of sight, and sometimes salivation, difficult breathing, dilated pupils and syncope, which, if not soon relieved, terminates in death; when applied to sores or to the surface of the body incautiously, the same effects are produced. All the salts formed with this acid are more or less poisonous. The essential oil of bitter almonds is very similar to prussic acid, and nearly as destructive in its effects.

Treatment.—Mix an ounce of calcined magnesia with a quart of water, and give a wine glassful every two minutes. Soap or chalk and water may be used until magnesia can be procured. Carbonated alkalies are objectionable, on account of the great extrication of gas in the stomach, and the salts formed with them are too irritating for that organ. Vomiting to be excited by tickling the throat. Diluents may be taken after the poison has been got rid of, and the return to solid food must be very gradual. Inflammatory and other consequences to be treated by the usual remedies. If the vitriolic acid has been swallowed, water alone should not be given, nor should calcined magnesia with water be given, but the common carbonate of magnesia may be given freely when mixed with water. There is too much heat generated in the stomach, if the above cautions are not attended to. Chalk and water is preferable to magnesia, if oxalic acid has been taken.

jaláwen, aur jis waqt ki qaríb surkh hone ke sufed, jo ki makhsús khásiyat us kí hai.

MĀDANÍ TEZÁB SE.

Alámaten.—Kháne acid se záiqá sozindah, dard shadíd halaq men, bárhá honá khún álúda ratúbát qai, jo ki ur játi hai khariyá mittí yá alkaline carbonates se, aur surkh kar detá hai litmas kághaz ko; dahan yá lab kharashídah sukře hue, sufed yá zard ho játe hain. Hichkiyán lag játi hain, dast bakasrat kam o besh khún álúda jári ho játe hain. Pet lag játá hai, diqqat-i-tanaffus, nabz beqáidah, tishnagí mufrít ho játi hai, pání ke píne se dard bakasrat aur gáhe batakhfí hotá hai. Láhásil qasd wáste pesháb karne ke kartá hai, sard pasíne áte hain, hyyat badal játi hai, tashannuj hokar maríz mar játá hai, agar kisí ne prussic acid bakasrat kháyá hai jisse ki ádmí bahut jald mar játá hai ek qadare miqdár men, usse behoshí, jí matláná, ghumere mai tírgí-i-bínái ke wáqa hotí hai, aur baze waqt munh á játá hai, diqqat-i-tanaffus, putliyán sarákh aur behoshí jo ki bafaur na rafá ki jáwen to maríz ján bahaq ho játá hai. Jab ki nádánistgí se zaklmon par yá kisí aur s̄tah jism par lag játá hai to usse bhí wuhí tásír paidá ho játí hain. Tamám namak jin men ki is acid ke ámezish hai kam o besh zahríle hain, muqattar raughan-i-badám talákh bhí tásír misl prussic acid ke rakhtá hai aur qaríb qaríb, waisá hí qátil hai bazát khud.

Maáljah.—Ek ounce jaláí huí magnesia ek ser pání men milákar sharáb píne ká glass bhar ke do do lahze men piláte rahan. Adam dastyábí magnesia men sábún yá khariyá mittí aur pání piláte rahan. Carbonated alkalies ba waste iláhdah karne gás medeh se muſíd hain, aur jin namkon men in kí ámezish hai weh bhí fáidámand aise mahal men hote hain. Qai karání bazariyah gudgudáne halaq ke cháhiye. Bəd infarágh zahar adwiyát tar mizáj ká istamál karáke áhistah áhistah ghizái māmúlí par lawen. Sozish aur aur alámat mulhaqá ká māmúlí iláj karen, agar kisí ne vitriolic acid yane gandak ká tezáb kháyá hai to sirif pání aur jalí huí magnesia na deñ balki carbonate magnesia ká pání men milákar baikhúhí piláwen. Agar hoshiyári bataur mazkúre balá amal men na áwen to medeh men átish paidá hogí. Agar kisí ne oxalic acid kháyá hai to bajáe magnesia ke khariyá mittí aur pání piláwen, chúná bahar-hál bihtar hai balki alkalies yá unke carbonates na dene cháhiyen.

Give lime in all its forms, but not alkalies or their carbonates. If prussic acid has been taken, use emetics or the stomach pump, try the cold effusion, and let the patient inhale the vapor of ammonia or chlorine freely, get ammonia or other stimulants into the stomach, and rouse the system in every possible way.

Tests.

Sulphuric acid is known by its great weight, evolving heat when mixed with water, by emitting no fumes. If barytes be added to it, a sulphate is formed which is insoluble in water or nitric acid.

Nitric acid emits orange colored fumes upon adding copper to it, and is changed blue by it; if potash be added, a nitrate is formed which deflagrates when thrown on burning coals. It tinges the skin yellow.

Hydrochloric acid emits pungent fumes; if nitrate of silver be added to it, a very white precipitate is formed of hydrochlorate of silver, soluble in ammonia, but not in nitric acid.

Oxalic acid, precipitates lime and all its salts from water, the precipitate being soluble in nitric, but not in excess of oxalic acid. Exposed to heat, it volatilizes, leaving but little residue; it is decomposed by sulphuric acid, becoming brown; it is dissolved by heat and nitric acid, and rendered yellow. Muriatic acid dissolves it with heat, and decomposes it.

Phosphoric acid, precipitates barytes and lime waters, the precipitate being soluble in nitric acid; it is decomposed by charcoal at a high temperature, evolving carbonic acid gas, and phosphorus being sublimed.

Fluoric acid exhales white vapors, not unlike those of muriatic acid; heat is evolved with a hissing noise when water is added to it; it dissolves glass.

Tartaric acid produces a precipitate from lime water, soluble in an excess of acid, and in nitric acid also; with potash it forms a neutral and super salt; it does not precipitate solution of silver, but its salts do.

Prussic acid smells like bitter almonds or peach leaves; it precipitates nitrate of silver white, which is insoluble in cold nitric

Agar prussic acid khá gayá hai to karáná qai aur istamál stomach-pump ká munásib hogá; sard pání ká tayerá aur sáns ke sáth khínch-ná bukhárát ammonia yá chlorine ká bakhúbí istamál karáwen. Ammonia yá aur sard qábiz mizáj kí adwiyah medeh men pahunchákar huttooł wasa us hálat ko rafá karen.

Shanákh.

Sulphuric acid wazní mashhúr hai, pání men miláyá huá garmí ko dúr kartá hai dálne se jis ke bháp nahín ughtí hai. Agar us men barytes miláwen to sulphate ban játá hai jo nahín galtá pání yá nitric acid men.

Nitric acids se náranjí rang bháp paidá hotí hai, us men támبا miláne se aur bhí nílá paṛ játá hai, use agar potash ke sáth miláyá jáwe ek nitrate ban játá hai jis ko jab ki jalte hue coals par dál dep to fauran jal jáwegá, usse chamrá rangá játá hai zard.

Hydrochloric acid se tez bháp paidá hotí hai; agar nitrate of silver men use miláwen ek niháyat sufed durd ban kar hydrochlorate of silver ban játá hai, ammonia men gal játá hai, magar nitric acid men nahín.

Oxalic acid baith játá hai, misl chúna aur uske namak jo pání men baith játe hain, lekin oxalic acid men nahín milte; garmí men rakhne se wuh ur játá hai, aur sirif qadre baqiyah chhoṛ játá hai. Sulphuric acid se ıláhdah ho játá hai, magar bhúre rang ká. Nitric acid garmí páne se ghul kar zard ho játá hai, muriatic acid use ghol detá hai garmí pahuncháne se, aur usko ıláhdah kar detá hai.

Phosphoric acid baith játá hai barytes aur chúne ke pání se, aur jo durd baith játá hai wuh nitric acid men gal játá hai. Bahut roshan kiye hue koele kí garmí use ıláhdah carbonic acid gás paidá kartá hai, aur phosphorus ur játá hai.

Fluoric acid men se abkharah sufed ughte hain mánind muriatic acid ke, garmí phunkár ke sáth nikaltí hai us men pání miláne se. Usse kánpch bhí gal játá hai.

Tartaric acid durd ho kar baith játá hai chúne ke pání se, turshí ke pahunchte hí gal játá hai, aur tez nitric acid men potash ke sáth wuh ban játá hai, neutral aur super salt. Wuh solution of silver ko nahín biṭhá detá hai magar uske namak.

Prussic acid kí bú misl bú bádám talkh yá shaftálú ke patton kí sí hotí hai, wuh biṭhá detá hai nitrate of silver ko barang sufed

acid, and when dried and heated, gives out cyanogen gas, which burns with a fine rose colored flame.

PREPARATIONS OF POTASH, SODA AND AMMONIA.

Symptoms.—The taste is acrid, urinous and caustic, great heat in the throat, nausea and vomiting of bloody matter, which changes syrup of violets to green, and effervesces with acids; if the carbonated form of the alkali has been taken, copious stools, acute pain in the stomach, colic, convulsions and death.

Treatment.—Vinegar and other vegetable acids to be given largely to neutralize the poison; then dilute freely with demulcents, and treat inflammatory symptoms in the usual manner. Almond or olive oil may be given freely, either of which would render vomiting easy, and would convert the alkali into soap.

Tests.

Alkalies have many properties in common: their solutions feel soapy to the touch, change vegetable reds and blues to green, and yellow to brown, remaining transparent when carbonic acid is added to them, which distinguishes them from solutions of the alkaline earths, barytes, strontian and lime. Nitrate of silver is precipitated by them in form of a dark colored oxyde, soluble in nitric acid. Potash and soda may be distinguished from each other, by evaporating their solutions to dryness; potash will become moist by absorbing water from the air, while soda will remain dry. Ammonia is known by its pungent smell, and precipitates the salts of copper, blue.

PREPARATIONS OF LIME AND BARYTES.

Symptoms.—Violent vomiting, convulsions, palsy of the limbs, distressing pains in the abdomen, hiccup, alteration of the countenance, and very early death when baryta or any of its combinations have been taken. Lime, from its sparing solubility, is less active, but has occasionally produced death.

Treatment.—If lime has been taken, vinegar and other vegetable

jo zard nitric acid men nahin galtá, aur jab ki khushk ko garm karen, to us men se cyanogen gas niklá kartá hai, jiskí lau jalne men gülábí rang ki malum huá kartí hai.

MURATTABÁT POTASH, SAJJÍ AUR NAUSÁDAR KÁ.

Alámaten.—Záiqá kárwá pesháb ká sá aur tez jalan bakasrat halaq men, málisch-i-dil, honá qai khún ámez ratúbat ká jisse ki shírah violets yane gul banafsha sabz ho játá hai, hamúziyát se josh khátá hai. Agar carbonated tarah ká alkálí kháyá hai, to dast bakasrat, dard shadíd, medeh qúlinj, tashannuj aur maut wáqa hotí hai.

Maáljah.—Sirká aur aur nabatátí hamuziyát bakhúbí piláwen ilahdah karne ko zahar, tab raqíq kar ke baikhúbí adwiyah tar mizáj ke istamál karen aur sozishí alámaton ká iláj mámúlí amal men láwen. Bádám yá raughan-i-zaitún baikhúbí khiláwen jin men se koí na koí baásání tamám qai kará detá, aur alkali kó mubaddil basábún kar detá.

Shanákh.

Alkalies kí anwáe alámaten mashhúr hain. Unke solutions chhúne men sábún ke se malum hote hain. Tabaddul kar dete hain. Nabátát ko surkh, aur nílá sabz ko, aur zard bhúre ko, jabki carbonic acid un men miláyá jáwe to baqiyah shafáf malum hotá hai jise ki tez solutions khárí mittiyon barytes, strontian, aur chúna men ho saktí hai. Nitrate of silver biṭhá detá hai unheñ basúrat siyáh rang oxyde ke, magar nitric acid men gal játá hai. Potash aur sajjí men tamíz ho aktí hai ek dúsre se urá dete hue unke solutions ko khushk hone men. Kyunki potash hawá men se pání ko khínc letá hai, sajjí sirif khushk rah játí hai. Nausádar apní tezí-i-bú se malum ho játá hai aur támbe ke namak ko nila kar detá hai.

MURATTABÁT CHÚNA AUR BARYTES.

Alámaten.—Qai bashiddat, tashannuj, maflúje-i-azá, dard-i-shikam, taklíf dahindah, hichkiyán, tabaddul chehráh hokar maut jaldí wáqa hotí hai jabki baryta yá koí aur chíz jis men ki uski ámezish ho, kháyá hai. Qadre ghuláhuá chúna tezí men kam hotá hai lekin usse bhí maut wáqa hotí hai.

Maáljah.—Agar chúna kháyá hai sirká aur aur nabatátí hamuzi-

acids are the best antidotes, with demulcents. If baryta in any of its forms has been swallowed, a weak solution of epsom or glauber's salts should be drank plentifully to produce vomiting, and at the same time to decompose the poison, which it renders inert, by forming an insoluble sulphate. Till the above salts can be obtained, large draughts of well water alone, or made sour by sulphuric acid, may be drank freely.

Tests.

Solution of lime changes vegetable blues to green, and is precipitated white by carbonic and oxalic acid, while no change is produced on it by sulphuric acid; its salts are decomposed by the fixed alkalies, which precipitate the lime, but not by ammonia. Pure baryta undergoes changes similar to lime when water is added to it, and acts like it on vegetable colors; it does not effervesce with acids. Sulphuric acid, and all the sulphates, added to a solution of it, produce a white precipitate, insoluble in water and nitric acid. Carbonate of baryta is insoluble in water, but dissolves in nitric or muriatic acid with effervescence. Muriate of baryta in solution is not changed by sulphuretted hydrogen or pure ammonia, but its carbonate as well as all other alkaline carbonates, throws down a white precipitate, which is carbonate of baryta.

PREPARATIONS OF NITRE.

Symptoms.—Cardialgia, nausea, painful vomiting, purging, convulsions, syncope, pulse feeble, extremities cold, with tearing pains of the stomach and bowels; difficult breathing, a kind of intoxication and death.

Treatment.—Similar to that of arsenic.

Tests.

If nitre be thrown on burning coals, it crackles, and gives a beautiful white flame; if powdered, and sulphuric acid be poured upon it, it gives out nitrous fumes; both these circumstances distinguish it from glauber's salts. It is decomposed at a high temperature, affording oxygen gas.

yát behtar zaharmohra hain, hamráh tar mízaj kí adwiyát ke. Agar kisí tarah ká barytá kháyá hai to ek halká solution epsom yá glauber's namak ká wáste qai karáne ke baķhúbí piláwen, usí waqt zahar iláhdah karne ko jis ko usne bhári kar diyá hai aur qábil nikalne ke. Sulphate jab tak ki namak mazkúr dastyáb na hoṇ sáf pání bakasrat sulphuric acid se tursh karke baķhúbí piláwen.

Shanákh.

Solution chúna ká tabaddul kar detá hai nabátát ko sabz aur baiṭh játá hai sufed. Carbonic aur oxalic acid kisí tarah tabdilí nahíp qabúl kartá sulphuric acid se. Uske namak iláhdah ho játe haiṇ mujassim alkalies jo baiṭhá dete hain chúne ko lekin ámmonia nahíp. Sáf baryta bhí waisá hí tabaddul kar detá hai chúne ko us men pání miláne se, aur wuh tásír kartá hai nabátatí rangoṇ par. Hamuziyát se wuh nahíp ubaltá hai. Sulphuric acid aur tamám sulphates uske solution men miláe jáwen to sufed durd biṭhlá dete haiṇ nigalne ke qábil pání aur nitric acid men. Carbonate baryta ká pání men nahíp galtá, lekin nitric yá muriatic acid men gal játá hai sáth ubálke. Muriate baryta ká ghulá huá nahíp mubaddil hotá sulphuretted hydrogen yá sáf nausádar se, lekin uská carbonate misl tamám aur alkaline carbonates ke ek sufed durd níche biṭhlá detá hai jo ki carbonate baryta ká hai.

MURATTABÁT SHORE KE.

Alámaten.—Cardialgia, jí matláná, dard ke sáth qai áná, dast járí, tashannuj, ghashí, zauf nabz, háth aur pair sard, mai tez dard medeh aur antariyon men, diqqat-i-tanaffus, ek tarah kí behoshí, aur maut wáqá hotí hain.

Maáljah.—Is ká iláj misl maálje sankhyá khurdah ke karná cháhiye.

Shanákh.

Agar shore ko jalte hue coals par rakkhen to us men se chaṭakh kar ek khúbsúrat shola niklá kartá hai. Agar pís kar use gandhak ke tezáb men dálen to usse shore ká sá dhuśá uṭhtá hai in donon alámaton se is men aur glauber's namak men tamíz hotí hai; garmí bahut pahuñchne se wuh iláhdá ho jatá hai mai oxygen gas ke.

MURIATE OF AMMONIA OR SAL AMMONIAC.

Symptoms.—Excessive vomiting, with convulsions and general stiffness of the muscles, great pain in the bowels, early alteration of the countenance, and death.

Treatment.—Vomiting to be rendered easy by large draughts of warm sugared water, and if not occasioned by the poison, should be excited by the finger. The consequent nervous symptoms to be calmed by anodynes and antispasmodics, and the inflammatory ones by the usual remedies.

Tests.

Muriate of ammonia is soon volatilized, if placed on hot coals; if rubbed with quicklime, it gives out the odour of harts-horn. A solution of it in water, is precipitated white, upon the addition of nitrate of silver.

IODINE AND HYDRIODATE OF POTASH.

Symptoms.—A strong burning sensation, with constriction in the throat, nausea and bilious vomiting, heartburn, and slight salivation, pain in the eyeballs, and obscure vision, palpitation, &c. or. and occasional paralysis.

Treatment.—Mucilaginous drinks should be taken plentifully and large emollient clysters may be given. Give a cold emulsion of starch to decompose the iodine; add a little weak solution of chlorine, if the salts of iodine have been taken in excess.

Tests.

Iodine exists in scales of a grayish black color, and becomes a violet colored gas at about 120° ; it is sparingly dissolved by water, which tinges raw starch of a purple hue; it stains the skin brown, which soon vanishes; it destroys vegetable colors like dilute chlorine, and has nearly the same smell. Hydriodate of potash precipitates oxymuriate of mercury of a carmine red color, and acetate of lead of a fine yellow tint.

PHOSPHORUS.

Symptoms.—They are similar to those of concentrated acids, with a hot taste of garlic in the mouth. A grain or two has been known

MURATTABÁT NAMAK NAUSÁDAR YÁ SAL AMMONIAC.

Alámateñ.—Mutawátir ána qai ká mai tashannuj ke aur amúman sakhtí i ásáb ke bahut dard rodop men, awwal tabaddul hyyat hokar ádmí mar játá hai.

Maúljah.—Qai baásáni karáwen garam sharbat bakasrat pílákár, aur agar shubah zahar ná ho to sirf unglí dál kar darde ásáb ko ba-adwiyah khwábáwar aur rafa dard se áram den, aur sozishí alámaton ko bataur māmúlí.

Shanákhí.

Nausádar ká namak fauran garam coals par rakhne se uṛ játá hai, agar quick lime ke sáth maleñ to us men se bú hiran ke síng kí átí hai, usko agar pání men ghol kar nitrate of silver miláwen to wuh sufed durd ho kar baith játá hai.

IODINE AUR HYDRIODATE POTASH KÁ.

Aláma liddat malúm honá jalan ká mai súkar jáne halaq ke, jí kí , aur pit ámez qai ká áná, dil ká jalná, aur khafif manh ká dard áñkh ke papoton men, aur dhundhlá dikhái dená, dil ká dharakná, phureriyán ání, aur gáhe máhe fálij.

Maúljah.—Luğhdár ashrubah bakasrat piláj jáwen aur bare mulay n piçhkáryán dí jáwen: Sard luğbdár nishástá wáste iláhdá karre iodine ke dewen, agar salts iodine ká kháyá hai ek qadre khafif solution chlorine ká istamál karen.

Shanákhí.

Iodine ke sabzí siyáh māil chhilke se hote hain, aur ek sau bíś darje garmí men ek gol banafsha ke rang ká gás ho játá hai, wuh mushkil se galtá hai pání men ki jisse kache nisháste ká rang nafarmáni ho játá hai. Usse jild bhúrí ho játí hai magar wuh rang fauran játá rahtá hai. Wuh nabatáti rangaton ko bígár detá hai, misl dilute chlorine ke aur qarib qarib waisihí bú rakhtá hai. Hydriodate of potash bíthá detá hai raskafúr ko ek carmine yane mahawar surk rangat ká aur acetate of lead ko ek achche zard rang ká.

PHOSPHORUS.

Alámateñ.—In kí bhí misl alámateñ mujtameh hamúziyát ke hoti hain mai aise ek garam zaiqe ke ki goyá lahsan munh men

to occasion death.

Treatment.—No specific antidote is known; but vomiting should be excited by large draughts of water mixed with magnesia. Oil and fatty substances must be avoided, as they dissolve the phosphorus.

Tests.

If phosphorus, or the rejected contents of the stomach after it has been taken, be boiled in a retort, (having its beak under water) with a solution of caustic potash, phosphorated hydrogen gas is formed, which explodes with a green flame as soon as it reaches the surface of the water.

IRRITATING POISONS.

Such as colocynth, hellebore, scammony, meadow saffron, elaterium, savine, squills, gamboge, and euphorbium.

Symptoms.—The general effects of this class of poisons, are an acrid, pungent taste, with more or less bitterness; excessive heat; great dryness of the mouth and throat, with a sense of tightness in it; violent vomiting, and the efforts are continued, even after the stomach is emptied; purging, with great pain in the stomach and bowels; pulse strong, frequent and regular; breathing often quick and difficult; appearance of intoxication, the pupil of the eye frequently dilated; insensibility resembling death, the pulse now becomes slow, and loses its force, and death takes place. If applied externally, many of them produce violent inflammation of the skin with blisters or eruptions of pustules.

Treatment.—If vomiting has been occasioned by the poison, and the efforts are still continued, they may be rendered easy by large draughts of water or thin gruel; but if symptoms of insensibility have come on without vomiting, it ought immediately to be excited by the sulphate of zinc or some other active emetic, and after its operation, a strong purgative should be given. After as much as possible of the poison is got rid of, a very strong infusion of coffee, or vinegar diluted with water, may be given with advantage. Camphor mixed with æther may be taken frequently, and if insensibility be considerable, warmth, frictions, and blisters may be

chabáyá hai. Ek yá do grain iske mashhúr hain wáste mardálne ke.

Maqljah.—Małhsús zaharmohra is ká hanoz daryáft nahiñ hua, siraf magnesia miláyá huá pání men bakasrat pilá kar qai karáwen. Chúnki rogan aur charbídár chízoñ se phosphorus gal játá hai liházá un se parhez karáwen.

Shanákh.

Agar phosphorus yá mułhrij mawád medeh ko lekar ek bhubhke men ki chonch uskí nál ki níche pání tak rahe hamráh ek ghole hue caustic potash ke josh karen to phosphorated hydrogen gás ban játá hai jis waqt ki wuh satah pání men pahunchtá hai ek sabz shole ke sáth urh játá hai.

IRRITATING SAMÚMIYÁT.

Misl hinzal, kutkí, sacmonia, záfrán, elaterium, sevine, janglí piyáj, usára rewand, aur euphorbium.

Alámateñ.—Aksar tásírát is qism ke zahroñ kí yuñ hotí hain yane char chará tez mazá kam o besh talķí máyal, garmí mutwátil, khushkí-i-dahan o halq mai malúm hone subkiyat ke, qai bashiddat átí hai hattá ki medá khálí hone ke bäd bhí qai hí karne ká irádá járí rahtá hai. Dast áte rahtá hain mai dard medeh aur antariyon ke. Nabz tez aur baqáidah ralítá hai. Sáns jald aksar diqqat ke sáth átá hai, súrat madhoshí kí sí ho játí hai, patlí-i-chasm aksar farákh ho játí hai aisí hálat men nabz kí táqat záyal ho kar wuh sust parh játí hai aur maut á játí hai. Agar un men se koí badan par lag jáwe to sozish jild paidá kartí hain mai áblon aur phunsiyon ke.

Maqljah.—Agar babáis khánc zahar ke qai átí hon aur jí matláná rahe to pání aur pích bakasrat pilákar tiskín den. Agar alámat behoshi bilá qai ke numáyan hon to fauran sulphate of zinc yá kisí aur adwíyah tez qaiñwar se qai karáwen, aur bäd is amal ke ek tez julláb den; bäd infarág-i-zahar hattul imkán ek tez khisándah qahwá yá sirká ṭapkáe hue pání ke sáth dewen to faidah baksamégá. Kásúr hamráh æther ke aksar dewen, aur agar behoshí tasauwar ho to senken, málisheñ aur blister lagáwen; agur sozish yá koí aur khatarnák bajis láhaq howe to un ká iláj mamúlí karen.

employed. If inflammation or any other dangerous consequences ensue, they are to be treated in the usual manner.

Remember

That plants whose flowers have five stamens, one pistil, one petal, and whose fruit is of the berry kind, may at once be pronounced as poisonous. The umbelliferous plants which grow in water are mostly poisonous, and such as have the corolla purple and yellow may be suspected of being so.

NARCOTIC POISONS.

Such as belladonna, datura, nux vomica, digitalis, henbane, camphor, opium, coeculus indicus, and tobacco.

Symptoms.—If taken into the stomach, or applied to a wound, occasion stupor, numbness, heaviness in the head, a desire to vomit, slight at first, but afterwards unsupportable, a sort of intoxication, pupils of the eyes dilated, furious or lively delirium, sometimes pain, convulsions of different parts of the body, or palsy of the limbs. The pulse is variable, but at first generally strong and full, the breathing is quick, and there is a great anxiety and depression, which, if not speedily relieved, soon ends in death. When nux vomica, or its active principle strychnia, has been taken in an overdose, it produces symptoms very similar to lockjaw, but which have a much more rapid progress than either idiopathic or traumatic tetanus, and require the immediate use of the stomach pump to save life. Iodine, chlorine, and bromine have lately been considered antidotes.

Treatment.—The stomach to be well evacuated by giving four or five grains of tartar emetic, or from ten to thirty grains of the sulphate of zinc, and repeating it every quarter of an hour, till the full effect is produced; this may be assisted by tickling the throat with a feather or the finger. Large and strong clysters of soap dissolved in water, or of salt and gruel, should be speedily administered, to clear the bowels, and assist in getting rid of the poison, and active purgatives may be given after the vomiting has ceased. When as much as possible of the poison has been expelled, the patient may drink alternately, a teacupful of strong infusion of coffee, and vinegar diluted with water. If the drowsiness, which

Yaddash.

Ushjár ki jin ke phul pánch stamens, ek pistil, ek petal, ke se hote hain, aur jin ká phal qism berry ká sá hai weh mashúr zahríl hain. Umbelliferous yane chuttedar ushjár jo ki pání men paidá hote hain niháyat zahríl hain, aur maķhsús jin kí ki rangat corolla, nafarmáni aur zard hote hain weh bhí waise hí shúmár kiye jáwen.

SAMÚMYÁT MANUSHSHAH.

Misl belladonna, dhatura, nux vomica, digitalis, henbane, kafúr, afyun, coccus indicus, aur tambákú.

Alámateñ.—Inko kháne aur zaķham par lagáne se málum honá behoshí, sun-i-jism, bháripan sir ká, tawajjah basu í qai, subkiyat, ibtidá men bháripan, anjám men ek qism ke madhoshí, puttli-i-chashm farákh. Ghazbnák yá tez hizyán, baze waqt ūard tashan-nuj, muķhtalif atráf-i-badan men, yá maflúje-i-azá málum detí hain, nabz mutabaddil, lekin ibtidá men tez aur pur. Tanaffus-i-jald, bare udási, aur mughnúmí. Agar in alámaton ko fauran tiskín na deñ to anjám bahalákat hogá, jab ki nax vomica yá uská tez strychnia be andáz kháyá hai to us se alámateñ misl jábṛah band ho jáne ke paidá hotí hain jo ki jald taraqqí pakar játe hain mánind idiopathic yá traumatic tetanus ke se aur matlúb hotá hai fauran ámal stomach pamp bacháne ko zíst. Iodine, chlorine aur bromine chand roz se inke zaharmohra bli tasawwur kiye gae hain.

Maq̄ljah.—Medá ķhlí karne ke wáste chár yá pañch grain tartar emetic yá das se tís grain tak sulphate of zinc mukarrar o sikarrar pao pao ghanṭe ke bäd dewen, hatta ki unká asar paidá ho. Is ámal kí ianat ke wáste halq ko bazariah par yá unglí ke gúd gúdáwen, bare aur tez pichkáriyán sábun ghule hue pání yá namak aur pích ke bawáste safai-i-uma o bamadad farigh karáne zahar se dewen, aur bäd infarágh-i-ámal qai ke, tez jalláb deñ. Wab ki hattul-īmkán zahar nikal gayá hai tab maríz ko cháh ká piyálá bhará huá ķhisándah qahwa aur sirká ṭapkayá huá hamráh pání ke piláwen; agar ķhumári joki baze waqt ziyádah rahtí hai aur behoshí māi sakta to unká iláj yun aur guram ghusal se na karen balki ķhún

is sometimes extreme, and the insensibility bordering on apoplexy, be not remedied by these means, and by the tepid bath, blood may be taken from the jugular vein, blisters may be applied to the neck and legs, and the attention roused by every possible means. If the heat of the body declines, warmth and friction must be perseveringly used.

Vegetable acids are on no account to be given before the poison is expelled, and it is desirable that but little fluid of any kind be given, as it promotes the diffusion and absorption of the poison.

POISONOUS MUSHROOMS.

Symptoms.—Exhilaration of spirits, laughter, vertigo, heat and pain in the stomach and bowels, with vomiting and purging; thirst, convulsions, faintings, pulse small and frequent, delirium, dilated pupil, stupor, cold sweats, and death.

Treatment.—The stomach and bowels to be first cleared out by tartar emetic, followed by frequent doses of glauber's or epsom salts, and large stimulating cathartics. After the poison is evacuated, æther may be administered, with small quantities of brandy and water; but if inflammatory symptoms ensue, they must be treated in the usual manner, instead of giving stimulants.

Test.

It is said that when you sprinkle a little salt on the spongy part of the mushroom, if it turns yellow it is poisonous, if black, it is wholesome.

POISONOUS FISH.

Symptoms.—In an hour or two, or often in a much shorter time, after stale or poisonous fish has been eaten, a weight at the stomach is felt, with slight vertigo and headache, and a sense of heat about the head and eyes, with considerable thirst, often an eruption of the skin, called "urticaria," and in some cases, death.

Treatment.—An emetic should be speedily given, or in the absence of it, vomiting may be excited, by tickling the throat with a finger, and taking large draughts of warm water. After full vomiting, an active purgative should be given, to remove any of the noxious matter that may have found its way into the bowels.

habl-úl-waríd se lewen. Blister gardan aur tángon par bándhen aur tawajjah har ek mu'mkinát taríq par malhúz rakkhen agar garmí jism kam ho jáwe to garam senk aur málisch tawátúr ámal men láwen.

Nabatátí tezáb qabalaz nikal jáne zahar ke kisí hálat men bhí na den kyonki yih bát zarúr hai ki agar qadre bhí pání kisí tarah ká díyá jáwegá to intashár aur juzbeyat ko ziýádah karegá.

ZAHRÍLÍ KHUMBHÍ YÁ ZAMÍN KÁ PHUL.

Alámaten.—Inkisháf-i-azm, hansí, ghirní, garmí, aur dard medeh aur amá men hotá hai mai qai aur daston ke, tishnagí, tashannuj, ghashí malúm huá karte hain, nabz mumtalí tez hizyán farákh honá puttliyon ká, behoshí, sard pasíne ká áná jin se maut wáqá hotí hai.

Maáljah.—Medeh aur rodon ko awwal bazariaj tartaremetic bádhú aksar miqdáron glauber's yá epsom salts aur bare qábiž o muttharrík pichkáriyon se sáf karen bád nikal jánc zahar ke æther hamrah qalíl miqdáron brandy aur pání ke dewen. Agar aláamat sozish namudar hon to unká jláj bataur māmúlí bajác dene adwiyat muqawwí ke karen.

Shanákh.

Kahte hain ki qadre namak agar tar khumbhe par dálen aur wuh zard ho jáwe to zahrílí hai, agar siyáh ho jáwe to achhí hai.

ZAHRÍLÍ MACHHLÍ.

Alámaten.—Ek yá do ghanṭe yá thorí hí der men bád azán basí yá zahrílí machhlí kháne ke, giráne i medeh, khassí ghirni, daurán-i-sir aur malúm honá garmí ká, sir aur áñkhon men mai tishnagí-i-musfrít, aksar ukhar jána jild ká jis ko urticaria kahte hain wáqá ho kar maut á jatí hai.

Maáljah.—Fauran emetic ke sáth qai karáwen, darsúrat na hone emetic ke garam pání bakasrat piláke aur halaq ko unglí se gud gudá kar qai karáwen. Bád azán baikhúbí qai ke ek tez julláb bwáste'rafa kharáb medeh ke ki jo rodon men dañhil ho gayá hai dewen. Sirká aur pání bád maálját mazkúrain piláke ámal men á chuká hai

Vinegar and water may be drank after the above remedies have operated, and the body may be sponged over with vinegar and water. Water made very sweet with sugar, to which æther may be added, may be drank freely as a corrective, and a very weak solution of alkali has been recommended to obviate the effects of the poison. If spasms ensue after evacuations, laudanum in large doses is necessary. If inflammation ensues, it is to be treated in the usual manner.

STINGS OF VENOMOUS INSECTS.

Symptoms.—In general the sting of these insects causes only a slight degree of swelling, but occasionally the symptoms are more violent, sickness and fever are produced by the intensity of the pain, leading occasionally even to death.

Treatment.—Hartshorn and oil may be rubbed on the affected part, and a piece of cloth, moistened in the same, or in salt and water, may be kept upon it, till the pain is removed. A few drops of hartshorn may be given in a little water, and a glass or two of wine or brandy and water may be taken. Immediate relief has been known by making a paste with ipecacuanha powder and water, and laying it on the part for some time. Should inflammation ensue, it is to be subdued in the usual manner.

CANTHARIDES AND THE TELINI FLY.

Symptoms.—Nauseous odour of the breath, acrid taste, burning heat in the throat, stomach and bowels; frequent vomiting, often bloody, with copious bloody stools, excruciating pain in the stomach, painful and obstinate priapism, with heat in the bladder, and strangury or retention of urine, frightful convulsions and death.

Treatment.—Vomiting to be excited by drinking sweet oil, sugar and water, milk, or linseed tea, very freely. Emollient clysters should be administered, and if symptoms of inflammation of the stomach, kidneys, or bladder should come on, they must be subdued promptly in the usual manner. Camphor dissolved in oil, may be rubbed over the abdomen, and on the thighs, and the warm bath should be given.

piláwen aur jism ko sirke aur pání se nam karen. Pání shakar se niháyat shirin kar ke us men æther miláke baikhúbí piláyá jáwe jaisá ki musleh aur ek halke solution alkali kí bhí ijázat hai wáste rokne tásírat zahar ke. Agar daston ke bäd marorá bhí ho to bare miqdáron men laudanum ká dená zarúr hai. Agar sozish paidá ho jáwe to ıläj us ká mämúlí karen.

NESH ZAHRÍLE KIRON KÁ.

Alámaten.—Amúman nesh in kiron ká siraf ek khafí si sujan paidá kartá hai, magar baze auqát alámat ziyádatar shadíd hote hain. Basabab shiddat dard ke kusal mände tabiyat aur tap paidá hotí hai jisse baz áuqát maut wáqä hotí hai.

Maáljah.—Hiran ká síng aur tel muqám-i-nesh par lagáya jáwe, aur ek tukrá kapre ká us men yá namak aur pání men tar karke ta rafä hone dard ke us muqám par rakkhá jáwe, chand qatrah shákháhú ke qadre pání men dí jáwen, aur ek yá do glass sharáb ke yá brandy aur pání ke pilae jáwen; bará faidah mälüm huá hai ipecacuanha pise hue aur pání se poultice banákar muqám-i-nesh par kuch der rakhne se. Agar sozish wáqä ho to dafiyä us ká bataur mämúlí amal men áwe.

CANTHARIDES AUR TELINÍ MAKKHÍ.

Alámaten.—Makrúh bú dam ke sáth talkhí záiqá, jalan-i-halaq, medeh aur rodon ke, dambadam áná qai ká, aksar mai khún ke sáth bare bare daston lahú ke, dard medeh pechish ke sáth, pur dard aur shadíd istádgí mai garmí-i-masána ke, habas-ul-bol, haulnák shannuj, aur á jáná maut ká.

Maáljah.—Míthe tel shakkar aur pání, dúdh, alsí kí cháh piláne se bakasrat qai karáwen, mulayyan pichkáriyán istamál men láwen. Agar alámat sozish-i-medeh gurdah aur masánah kí páí jáwen, to dafiyä unká bajaldí tamám bataur mämúlí karen, káfür tel men hal karke peṭ aur ránoṇ par maleṇ, aur garam pání men biṭháwen.

BITES OF POISONOUS SERPENTS.

Symptoms.—A sharp pain in the wounded part, which extends over the limb or body: great swelling, at first hard and pale, then reddish, livid, and gangrenous in appearance; fainting, vomiting, convulsions, and sometimes jaundice; pulse small, frequent and irregular; breathing difficult, cold sweats, the sight fails, and the intellectual faculties are deranged. Inflammation and often extensive suppuration and gangrene, followed by death.

Treatment.—A moderately tight ligature to be applied above the bite; next let the bitten part be removed with the knife, and the wound allowed to bleed, after being well washed with warm water. The actual cautery, caustic, or the butter of antimony may then be applied freely to it and afterwards covered with lint dipped in equal parts of olive oil and spirits of hartshorn. The ligature to be removed if the inflammation be very considerable. Warm diluting drinks, and small doses of ammonia or hartshorn, to cause perspiration; the patient to be well covered in bed, and a little warm wine given occasionally. If gangrene be threatened, wine may be given more freely combined with quinine. Arsenic has been strongly recommended. The application of the cupping glass immediately after the bite, or sucking the wound, might be very serviceable.

Observe.

Poisonous snakes have tubular fangs, but only one row of teeth on each side of the upper jaw, while the innocent tribe have two.

TREATMENT OF DROWNED PERSONS.

Commence inflating the lungs immediately after the body is out of the water, and continue perseveringly as long as it retains any warmth, and while the limbs are flexible. Press back the larynx, close both nostrils, and blow forcibly your own breath into the lungs through the corner of a handkerchief, which you have laid over the mouth; as soon as you can procure a pair of bellows, close the mouth and one nostril, and blow through the other, still press-

KÁTNÁ ZAHRÍLE SÁNPON KÁ.

Alámalen.—Dard shadíd muqám zaķhmoṇ men hotá hai, aur wuh tamám už ya jism men jald phail játá hai. Sújan bakasrat ibtidá men saķht aur zard, bādizán surķh aur nílā, aur saṛan záhiran mālum detí hai, għisýán, qai, tashannuj aur baz auqát yarqán hotí hai. Nabz bárík, mutharrik aur begáidah ho játí hai, tanaffus dushwár aur sard pasína átā hai, quwwat básirah zál̄ ho játí hai, aur hosh-o-hawás men farq á játá hai, sozish aur aksar baifrát áná rím ká, aur saṛan ho kar iske bād ádmí mar játá hai.

Maáljah.—Jis jagah sánp ne kátá ho uske úpar ek band baqtidál kheñch kar bándhá jáwe, aur bād izáñ wuh muqám chhurí se kát diyá jáwe, aur bādhú zaķhm ko baķhbí garam pání se dho kar us men se khún jári rahne deñ; bād iske dágh caustic, makkhan antimony ká us par lagáyá jáwe, aur bād izáñ lint roghan zaitún aur muqattar sharáb hiran ke síng ke hamwazan men bligokar us muqám par rakkhen. Agar sozish bahut ho to bandish ko mauqúf karen, ashribah garam aur muķhtisir mautádeñ ammonia yá hiran ká síng wáste pasína láne ke dewen, aur maríz ko bistar par achchhí tarah kapron se dháñken, aur kabhí kabhí thoří garam sharáb deñ. Agar saṛan ká andesha ho to sharáb ko quinine men milákar bakasrat piláwen. Sunkhiyá balki niháyat munásib tajwíz kiyá gayá hai, lagáná bharí huí singion ká bafaur kátné sánp ke yá chúsná zaķhm ká bahut mufid hogá.

Tahqiqát.

Zahríle sánpone ke dánt misl nalí ke hote hain, magar sirf ek qatár úpar ke jabron men, jo ki għarib qaum sánpone ke har do jánib hote hain.

MAĀLJAH DÚBE HUE ASHKHÁSON KÁ.

Dam ká phúlná phenpre men shurú ho játá hai bād nikalne nash ke pání se báhar, aur tawátür jári rahtá hai kisí tarah kí garmí pahuñchne tak aur azáe us ke qábil jumbish rahtí hain. Larynx yane kág ko pichhe ko dabá kar donon nathnon ko bhíñch kar apne sáns ko bazaar andar phenpron ke ek rúmál ká koná uske munh par rakh ke pahuñcháwen. Jis qadar jald ho sake ek jorá dhaunkniyon ká baham pahuñchákar munh aur ek taraf ke nathne ko bhíñchkar

ing back the larynx or wind-pipe. Having distended the lungs fully, press on the chest, so as to empty the lungs; do this alternately, imitating natural respiration. Remove the neckcloth, *cut off* the wet clothes, rub the body dry, apply dry heat in every possible way, such as hot sand or bricks, bottles of boiling water, &c., as soon as you can get the body into a house, carrying it on a door or plank of wood, with the head raised. If the glottis be spasmodically closed, you must use the tracheal tube to inflate it, and if oxygen gas could be procured, it would be more efficient. Stimulants may be got into the stomach, by means of a flexible tube, till the person can swallow. Clysters of mustard with salt or brandy and water may be thrown up. Bleeding cautiously might relieve the congestion on the right side of the heart. Electricity might be tried, passing gentle shocks through the heart, the body being insulated, by placing it on a shutter or door, supported by quart bottles, perfectly dry on the outside. Frictions are of doubtful efficacy, if they urge venous blood on to the heart, which is already oppressed. Tracheotomy may be performed, if other means fail in distending the lungs. Tobacco in any form is very injurious.

TREATMENT OF PERSONS SUFFOCATED BY CARBONIC ACID GAS, HYDROGEN OR NITROGEN GAS, EXHALATIONS FROM PRIVIES, &c.

If the body retains its heat, expose it to the air, and dash cold water over the head, neck and breasts. The lungs should be inflated, the nostrils stimulated, and if the veins of the neck appear full, some blood may be removed from them. If the temperature of the body be below the natural standard, heat must be applied instead of cold. Frictions may also be useful.

TREATMENT OF STILL-BORN CHILDREN.

The lungs must be perseveringly inflated by means of a quill, or a small female catheter; the heat kept up by the application of warm flannels, or immersion in warm water. Stimulants may be applied to the nose and pit of the stomach, and gentle friction

dúsre men se phúnken, magar kág yá sáns ánewálí nalí ko pichhe ko hatákar. Phenpre ko tamám o kamál phulákar bawáste khálí karne phenpron ke chhátí ko dabáwen. Yih ámal mukarrar o sikarrar wáste andar jane aslí sáns ke karen. Guluband khol dálen, tar kapre kát dálen, khushk badan ko malen. Khushk chízen garam kí huí misl garm ret, yá ínten aur botlen joshindah pání waghairah ke se jis waqt ke násh ko ghar men le jáwen usí waqt badan par lagáwen. Usko kisí kewar yá lakrí ke takhle par sir únchá karke le jáwen. Agar glottis akráhat se band ho jáwe to tum ko lázim hai ki tracheal nalkhare se us ko phunkeñ. Aur jo oxygen gas mayassir áwe to khúb mufid hai. Mutharrik chízen bazariah lachakdár nalí ke medch men pahuncháwen jab tak ki ádmi nigal sake, pichkáriyán ráí kí hamrah-i-namak yá brandy aur pání ke dení cháhiyen. Fasd bahoshyári karen jis se ki itráf-i-dahní taraf dil ko áram pahunché. Electricity ká bhí imtahán bazariah khafí sadmen pahuncháne se dil ko karen, jism ko árásteh karke yane ek kíwár par rakh ke botlen ká sahárá dekar beruní badan ko khúb khushk kar den. Málishen men shubah hai tásír karne ká, agarchi we tahrík deiñ hain ragon ke khún ko dilke jo ki ablí thahar gayá hai. Tracheotomy amal karen agar kisi aur taur se ná phulçen. Tambákú bahar noa muzir hai.

MAÁLJAH UN SHAKHSON KÁ JIN KÁ KI DAM RUK GAYÁ HAI CARBONIC ACID GAS, HYDROGEN YÁ NITROGEN GAS, EXHALATIONS PAKHÁNE WAGHAIRAH SE.

Agar jism men kisí un chizöñ men ki garmí hai to hawá men rakkhen aur thandé pání ke tarere sir aur sínah par den. Phenpre phule húe hon, nathne jarí hon, aur agar rageñ gardan kí pur málum hon to qadre khún un men se lewen. Agarchi garmí i jism bamujib itadal mizáj ke kam ho to bajai sardí ke garmí lagáwen. Málisheñ bhí mufid hongí.

MAÁLJAH SISAKTE BACHCHE PAIDÁ HONE KÁ.

Lázim hai ki phenpron ko mutwátir phuláwen bazariah par yá chhoṭe zanáne cathíter se, bazariah garam paṭuon yá garam pání men ghote lagáne se garm rakkhen. Mutharrik chízen nák aur qar medeh par lagáí jáwen, aur khafí málisheñ bhí karen, yih iláj páñch yá

should be used. These remedies should be continued for five or six hours.

TREATMENT OF PERSONS STRUCK BY LIGHTNING.

Inflate the lungs as soon as possible, apply stimulants, more particularly *gentle* electrical shocks passed through the chest and along the spine; keep up the temperature of the body by external heat, and get warm cordials into the stomach, by means of the stomach-pump.

TREATMENT OF PERSONS WHO HAVE BEEN EXPOSED TO INTENSE COLD.

First use gentle friction with snow or ice water, or if these cannot be procured, the cold bath may be used, and whilst the person remains in it, small quantities of warm water must be added very slowly, so as to increase the heat gradually. The lungs are to be inflated. Warm wine, or any other warm fluid to be given, very cautiously at first, and solid food must not be given for many hours after recovery.

TREATMENT OF PERSONS HANGED.

Remove the ligature as soon as possible, and act as if it was a drowned person, with the exception in this case of opening the jugular vein, and removing if possible six or eight ounces of blood. Death is caused rather by suffocation than by apoplexy; therefore, the lungs should be supplied with air without delay.

TREATMENT OF PERSONS LABOURING UNDER THE EFFECTS OF LARGE QUANTITIES OF ALCOHOL, BRANDY, WINES, AND ALL SPIRITUOUS LIQUORS.

Symptoms.—Intoxication, and when taken too freely, complete insensibility, with apoplexy or paralysis of one side: the countenance is swollen, and of a dark red colour; the breathing is difficult, and often stertorous, with a peculiar puffing out of the lips; the breath smells of liquor, which will distinguish the symptoms from those of spontaneous apoplexy. If the pupils of the eyes are dilated and fixed, recovery seldom takes place.

chhah ghanṭe tak járí rakkhen.

MAĀLJAH BIJLÍ ZADAH KÁ.

Phenprōn ko phuṇkná cháhiye aisá jaldi jaisá ki mumkin ; muthar-rik chízen lagání cháhiyen, makhsús khafíf electrical sadma guzárne cháhiyen chhátí aur darbáb sulb ke, garmí jism kí bachání cháhiye bazariah beruní garmí ke, aur garam mufarrah-ul-qalb chízen ba-wasile stomach-pump ke medeh men pahuncháwen.

MAĀLJAH SURDÍ ZADEH KÁ.

Ibtidá men baraf yá baraf ke pání se málish karen ; agar yih báham ná pahunche to sard pání men biṭháwen. Asnáe is amal ke qadre, qadre garam pání bawáste ziyádah karne garmí ke áhiste áhiste miláte rahan, phenprōn ko phuláte rahan. Garam sharáb yá koí aur garam raqíq chíz bhí dete rahan bahúf khabardári se ibtidá men, aur sakht ghizá achche hone ke bád kitnehí ghanṭon ke na den.

MAĀLJAH PHÁNSÍ YÁFTAH KÁ.

Bandish ko fauran dúr karke wuhí ámal kám men láwen jaisá ki dûbe hue ádmí ká; makhsús is hálat men habl-ul-waríd kholkar chhah yá áṭh ounce khún lewen, maut láhaq hotí hai ziyádahtar dam ghuṭne se, banisbat sakta kí liházá phenprōn ke bilá támul hawá pahuncháwen.

MAĀLJAH MARÍZÁN MOASSARAH BEANDÁZ ALKO-HOL, BRANDY, SHARÁBEN, AUR TAMÁM MUQATTRAT SHARÁBON KE.

Alámaten.—Madhoshí hotí hai aur jab ki bakasrat piye haiṇ bilkul behoshí ho játí hai mai sakteh yá fálij kisí ek itráf ke. Chehra suj játá hai aur siyáhí chhá játí hai. Diqqat-i-tanaffus aur aksar stertorous yané kharkhara sáth ek makhsús bhambhráhat honṭon ke. Sáns men se sharáb ki si bu átí haí jise ki tamíz khudrau paidá hone sakteh kí hogí. Agar putlí-i-chashm farákh aur baīṭh jáwen to shafá páná sház hai.

Treatment.—A powerful emetic of sulphate of zinc or tartar emetic should be got into the stomach as soon as possible, and if the person has lost the power of swallowing, a flexible catheter or tube, should be the means of conveying it there. The vomiting should be encouraged as much as possible with warm water; and large active clysters of salt and water should be thrown up. The patient should be placed erect, and if the countenance and other appearances are not improved after these means have been used, the jugular vein may be opened, and cold wet clothes applied to the head, particularly if the body is hotter than natural. If the extremities become cold, warmth and friction should be perseveringly used.

Maáljah.—Ek tez qai sulphate of zinc yá tartar emetic fauran medeh men pahunchákar karáwen, aur agar táqat nigalne kí na ho to bazariah lachakdár cathíter yá nalí ke wahán tak pahuncháwen. Bawáste iánat qai ke garam pání jittá ki ho sake piláwen, aur bare tez namak aur pání ki pichkáriyáñ deñ. Maríz ko sídhá bitháwen, aur agar chehre par in amaliyát se dalálat behtarí kí ná daryást ho to fasd habl-ul-waríd kí leñ aur sard pání men tar kiyá huá kapra sir par lagáwen makhsús us lálat men ki garmí-i-jism ziyádah hai nisbat asal ke. Agar dast o pá sard ho gae hain to senk aur málisch ká istamál kareñ.

P A R T V.
ON
DOMESTIC SURGERY.

B A' B P A N J A M.

DAR BA'B NASARJARI', YANE JARRA'HI' KE.

PART V.
ON
DOMESTIC SURGERY.

Question.—How is blood-letting generally effected ?

Answer.—Either by leeches, cupping or the lancet.

Q.—Which method on the whole has the advantage ?

A.—Cupping, because a certain quantity of blood can be obtained very quickly, and without exhausting the patient, and from any particular part whence it is desirable to be drawn.

Q.—When leeches come off, how is the bleeding to be encouraged ?

A.—By first sponging off any clotted blood there may be, and then covering the part with a warm bread and water poultice, which is to be changed every half hour, so long as you wish the blood to flow.

Q.—If a leech-bite should bleed for many hours, and the usual remedies fail in stopping it, what should you do ?

A.—Thrust a moderate size, thin needle into the skin, on one side of the bite, and bring its point out well on the other side; a piece of strong silk or thread is then to be tied or wound round it beneath the two ends of the needle; this generally stops the bleeding. After three or four days the thread may be cut, and the needle very carefully removed.

Q.—Should this however not stop the bleeding what should you then do ?

A.—Thrust into the bottom of the wound a bit of thin iron wire heated white hot, which has seldom been known to fail to stop the bleeding.

Q.—If the usual cupping instruments are not at hand what substitute would answer ?

A.—A small tumbler or tea-cup, a bit of lighted tow or paper, and a sharp razor or pen-knife ?

Q.—How is the operation to be performed ?

BÁ B PANJAM.

DAR BA'B NASARJARI', YANE JARRAHI KE.



Sawál.—Aksar khún kistaur se nikálte hain?

Jawáb.—Jonkon se, yá singí lagánen se, yá nashtar lagáne se.

S.—Sab men kaunsí tarkíb mufíd hai?

J.—Singí mufíd hai, isliye ki jis qadar khún nikálna matlúb ho is ki zariyai se jald nikal saktá hai, aur istaur se khún nikálne se bímár kamzor bhí nahín ho játá hai, aur jis muqám se khún nikálna manzúr hai wahín se nikal saktá hai.

S.—Jab jonken gir paren to ijráe khún kistaur se járí rakkha jáwe.

J.—Awal jo jamá huá khún ho us ko sponge se sáf kare, bádhú garam poultice rotí aur pání ke banákar usí muqám par bándh dewe, aur jab tak nikálna khún ká matlúb ho us waqt ádh ádh ghante men'us poultice ko badaltá rahe.

S.—Agar jonk ki dank sc bahut arse tak khún járí rahe, aur māmúlí tadbíron se wuh khún band na howe to kyá iláj kare?

J.—Jonk ki dank lagne ke muqám ki ek taraf se jild men ek miyání bárík suí ghusá de, aur dúsri taraf so uská sirá nikále, us waqt mazbút resham, yá dore suí ke donoñ sire ki niche se bandhe yá lapete, aksar is tadbír se khún ruk játá hai, bad tín chár roz ke wuh dorá kát diyá jáwe, aur suí baihtiyát nikálí jáwe.

S.—Agar is tadbír se bhí khún na thambhe to kyá tajwíz amal men áwe?

J.—Zákhám ki níche ek bárík tár lohe ká is qadar garam kar ke ki wuh susfed ho jáwe wuh tár us men ghusá diyá jáwe, yih tadbír bahut kam khún ki roknen men kásir hotí hai.

S.—Agar singí lagáne ki māmúlí álát maujúd na howen to us kí jagah kyá tadbír, aur kis chíz se kám líyá jáwe?

J.—Ek chhotá sá ábkhorá yá piyálah cháh ká aur ek tukrá jalte hue san yá kágaz ká, aur ek tez ustarah yá kalam tarásh.

S.—In chízon se kyunkar khún nikálá jáwe.

A.—The lighted tow or paper is to be placed in the tumbler or tea-cup, and when warm, and the air rarified, it is to be turned down on the skin; when the skin so covered becomes red or purple from the congested blood, the cup must be taken off, and the skin scarified with the razor or knife, after which the cup or tumbler is to be put on again as at first and renewed according to the quantity of blood required.

Q.—Where is bleeding with a lancet commonly performed ?

A.—At the bend of the elbow, and sometimes, though very seldom, on the top of the foot.

Q.—Is there any danger to an unpractised person in bleeding at the elbow ?

A.—Yes, very great danger of wounding an artery at the time of opening the vein.

Q.—How do the veins of the arm generally run ?

A.—Along the arm, and upon its outside, runs a large vein from the root of the thumb up to the shoulder; and on its inner side another of equal size from the little finger into the arm above the elbow. A third vein of nearly equal size makes its appearance at the top of the forearm, just below the elbow, and very soon divides into a fork, one branch of which turns to the inner vein, and the other into the outer vein just above the bend of the joint.

Q.—Which is the proper vein to be opened ?

A.—The outer branch of the middle vein.

Q.—Before opening this vein, what should you always do ?

A.—Put the point of my finger on it and ascertain if there should be an artery under it, which may be known by its pulsation ; should there be an artery there, and no other vein visible, I must then open it with the greatest caution.

Q.—Why should you not bleed in the inner branch of the middle vein ?

A.—Because the great artery of the arm runs close behind it generally.

Q.—How would you proceed to open a vein at the bend of the arm ?

J.—Jaltú huá san yá kágaz us ábkhoraḥ yá piyálah cháh men rakhe, jis waqt wuh bartan garam ho jáwe aur us ke andar kí hawá latif ho jáwe us waqt us bartan ko jism par ulaṭ de, jis waqt ki us ke andar kí khál surkh yá argawání basabab congested blood yane munjamid hone khún ki ho jáwe us waqt wuh bartan utár liyá jáwe aur us tarah yá qalam tarásh se khál men shigáf diyá jáwe, bád us ke piyálah yá ábkhoraḥ badastúr sábiq phir dhánp diyá jáwe, aur isí tarah mutwátil kartá rahe, jab ki khún bamiqdár matlubah nikal jáwe.

S.—Kis muqám par khún bazariḥ nashtar nikálte hain.

J.—Kohne ke khám par se, aur panjäh ke pañw ke upar se agar-chi yahán ká khún bahut kam nikálá játá hai.

S.—Agar koí fasd lene men muhárat na rakhtá ho wuh shákhs kohní par fasd lewe to kuch jáe andeshá to nahin̄ hai?

J.—Albattah bahut andeshá hai ki shayad barwaqt lagáne nashtar ke rag par kahiṇ shiryān par zaķham na ho jáwe.

S.—Ragen̄ kis tarah se wáqā hain̄?

J.—Báñh ke upar se niche tak aur báhir kí taraf báñh ke ek barí rag anguṭhe kí jaṛ se kandhe tak hai, aur báñh ke andar kí taraf ek aur rag usí qadar barí angúṣht khinsar se kohní tak hai, aur ek tísrí rag tálkhmínān usí qadar bare aur agle háth ke upar kohní ke níche hí namúdár hai, aur 'wahán se age uskí do shákhs ho gain̄ hain̄, ek shákhs to andar kí rag kí taraf aur dúsri basimt báhir kí rag ke upar us muqám ke, ki jahán ká joṛ wáqā hai.

S.—Kaunsí rag ká kholná wájib hai?

J.—Bích kí rag ke bahar kí shákhs ko kholá jáwe.

S.—Qabal az kholne is rag ke kyá kíyá jáwe?

J.—Apní unglí ke sire ko us rag par rakkhe aur daryáft kare ki us ke níche koí shiryán bhí hai, honá shiryán ká bazariḥ harkat us shiryán ke tamíz ho saktá hai, agar wahán shiryán maujúd ho aur koí dúsri rag wahán záhir howe, us súrat men baahtiyát tamám us rag men fasd li jáwe.

S.—Bích kí rag ke andar kí shákhs men fasd kyun̄ nahin̄ kholte?

J.—Is liye ki báñh kí barí shiryán báñh men upar se niche tak aksar píchhe us rag ke wáqā hotí hai.

S.—Jis muqám par ki báñh men khám waqā hai, wahán kí fasd kyunkar kholí jawē?

A.—I should take a piece of broad tape or ribbon, and turn it twice round the arm, a hand's breadth above the elbow, and tie its ends in a bow knot, so that I might easily loosen it.

Q.—What is the object of thus binding the arm ?

A.—To prevent the return of the blood, and make the veins swell, and jut well up.

Q.—Having applied the bandage, what else would you do ?

A.—I should take hold of the forearm, and apply the palm of my left hand and fingers just below the elbow, and pass my thumb over the outside, so that its tip might lie upon the vein to be opened, and by slightly pressing prevent its rolling. I should then hold the lancet between the thumb and forefinger of the right hand, turning its scales or covering forwards, to be out of the way. My other three fingers of the right hand are then to be gathered together, and rested on or near the left thumb, so as to form a rest for the forefinger and thumb holding the lancet, the point of which being brought down to the skin, is made to pierce it and the vein together, with a swinging motion upwards, upon which the blood would immediately flow out.

Q.—When the required quantity of blood is taken, what would you do ?

A.—Untie the tape, cleanse the wound with a sponge of any blood, and fasten a pad of folded cloth three or four times doubled over it with a bandage in shape of a figure of 8, taking care not to tie it too fast.

Q.—What objection is there to fastening the bandage very tight?

A.—The blood could not pass through the unwounded veins which would swell, and the blood would then burst open the vein that had been closed.

Q.—If you wanted to open a vein in the foot, how would you proceed ?

A.—I should tie a garter tightly round the leg, immediately below the knee, and when the veins had swollen I should open the largest of them on the top of the foot, making the incision lengthways.

Q.—When you had taken sufficient blood from your patient, how would you stop the bleeding ?

J.—Ek tukrá chauré niwáár yá fíte ká lekar báñh men aúrek háth ke fásle par upar kí taraf níche ko do pher dekar bándhá jáwe, aur us ke donoñ sire par ek girah bonoñ yané dêrh girah lagái jáwe taki baásání dhilí ho sake.

S.—Is tarah báñh ke bándhne se kyá sáidah hai?

J.—Táki khún ulañ kar na jáwe, aur rag phul na jáwe, aur khún achchhí tarah se nikle.

S.—Bád bándhne is band ke phir kyá kiyá jáwe?

J.—Agle háth ko pakañle aur báen háth kí hathelí aur ungalíyán níche kohní ke lagá de, aur angúthe se báhar kí taraf dabáwe, is taur se ki uská sirá us rag par wáqá howe ki jis ká kholná manzúr hai aur zará us ko dabá de ki us muqám par se dhalak na jáwe, us waqt dahne háth men darmiyán angúthe aur angusht shabbábe se nashtar ko pakre aur us kí donoñ dhakne ko donoñ taraf se khol de aur báqí tín ungalíyán dahne háth kí jama karke úpar yá nazdik báen háth ke angúthe ke lagái jáwen, yá ki angusht shabbábe aur angúthe ke wáste ki us men nashtar hotá hai sahárá ho jáwe aur us nashtar kí nok pás post ke lákar us post aur rag ko ek hí dafah shigáf diyá jáwe aur upar kí taraf us nashtar ko harkat dekar nikále, taki khún jald nikalne lage.

S.—Jab ki khún bamiqdár matlúbah nikal áwe us waqt kyá kiyá jáwe?

J.—Us fíte ko khol dále aur sponge se khún jo lagá ho sáf kare aur ek gaddí men chár tah kapre kí kar ke ek patí se bashakl hindse angrezi áth ke us jagah par bándhe, magar ihtiyat rakkhe ki bahut khinch kar na bandhe.

S.—Us patí ko zor se bándhne men kyá haraj hai?

J.—Táki khún unhiñ ragon men na utr jáwe jin ko shigáf nahin diyá gayá, wuh ragen phul jáwengí aur is sabab se khún us rag ko jo band kí gaí hai phir phár degá.

S.—Agar kholná fasd ká pañw men markúz ho to kyá kiyá jáwe?

J.—Rán ke niche ek patí khinch kar tág men bándhí jáwe, aur jab ragen phul jáwen to us waqt sab se barí rag jo pañw ke upar ho us men nashtar lagayá jáwe magar shigáf lambái men diyá jáwe.

S.—Jab kí bímár ká khún hasb miqdár zarúrí nikal jáwe us waqt khún kistarah band kiyá jáwe?

A.—I should take the garter off, let my patient lie down at full length, and close the wound with a pad of lint and a strip of sticking plaster.

HOW TO PUT ON A ROLLER OR BANDAGE.

Question.—How would you roll a leg?

Answer.—I would take a single headed roller in my right hand holding its circumference between my thumb and fingers, and lay its loose end on the top of the foot at the root of the toes, and fix it there with the thumb of the left hand, whilst the roller itself is carried beneath the sole and round the foot, and twice or thrice round in the same place till it gets a hold on the foot. The roller is then to be turned round and round the foot towards the heel, each turn half covering the former one, and as the roller passes beneath the foot, I take it from the right to the left hand, and then as it passes over the foot, from the left to the right hand again. Having arrived at the instep, I now carry the roller round the ankle, make it descend to the opposite side of the foot from which it had been brought, pass it beneath the sole, and then carry it round the ankle again. The roller is then to be turned round the leg, each turn half covering the former, and delivered from hand to hand alternately, from within to without, or from without to within, according to which leg I may be rolling. This is to be continued till I reach the calf of the leg, when the bandage must be reversed to make it lay flat.

HOW TO ROLL THE THIGH.

This is merely continuing to roll spirally from above the knee to the groins, having reached which the two or three last turns must be tacked together, and then a turn or two made round the hips, and these tacked to the roller on the thigh, so as to prevent it slipping down.

HOW TO ROLL THE FORE-ARM ALONE, OR THE UPPER ARM ALSO.

It is generally only begun at the wrist, and rolled upwards, but if the fingers and hand become puffy and uneasy, as they some-

J.—Us patti ko khol diyá jáwe, aur bimár ko páñw phailáke litá diyá jáwo, aur zakham ko bazariah ek gaddí lint kapre kí aur ek pháah marham sticking plaster kí bándh diyá jáwé.

TARKÍB BÁNDHNE ROLLER YÁ PATTÍ KÍ.

S.—Táng par kis tarah roller bándhen ?

J.—Ek roller ki jis ká ek sirah khulá ho dáhne háth men pakre aur us ke guláí ko angúthe aur unglíyon ke bích thámbhe aur uská khulá huá sirá páñw ke úpar ungúthe kí jár men lagá de us waqt us ko báin háth ke ungúthe se us maqám par saháre, aur us roller ko talwe ke níche aur páñw ke gird le jáwe aur usí tarah do tín lapet usí jagah men dewe jab tak ki páñw wuh roller khub mazbút pakar le bád uske us roller ko airí kí taraf se páñw par kaí lapet dekar bándhe, is tarah ki har lapet men pahlá lapet ádhá dábta jáwe, aur jab kí roller páñw ke níche se guzre us ko dáhní taraf se báin taraf le jáwe, aur jab ki páñw ke úpar ko áwe us waqt báin se dáhní taraf ko phir pahuncháwé, us roller ko pusht qadam par pahunchákar takhnen ke gird le jáwe aur páñw ke sámne kí taraf se utáre, jahán se ki us ko pahle nikálá thá, bádhú talwe ke níche se nikál kar phir takne par lapete, bád us ke us roller ko táng ke gird lapete is tarah ki har lapet men pahlá lapet ádhá dab jáwe, aur ek háth se dúsre háth men bári bári andar kí taraf se báhar kí taraf yá báhar kí taraf se andar kí taraf mutábiq mauqa táng ke, ki jis par roller bándhá jáwe us ko chhoṛtā rahe, aur isí tarah lapeṭtā rahe, jab ki táng kí pindlí tak pahunche, wahán se us patti ko ulaṭkar us ko barábar milákar bándh dewe.

TARKÍB BÁNDHNE ROLLER KÍ JÁNG MEN.

Siraf pech dar pech ghuṭne ke úpar se us roller ko groin yáne jangáse tak bándhtá chalá jáwe, aur jab wahán pahunche do tín lapet pichhle tank dewe, aur ek do lapet kúleh par bándhe, aur un ko roller ke sáth jáng men tank dewe taki wuh níche ko ná phisl jáwe.

TARKÍB ROLL BÁNDHNE KÍ UNGLÍ PAR YÁ ÚPAR KÍ BÁNH PAR.

Bandish is kí aksar háth kí kaláí se shurú hokar úpar ko chale hai, magar jo unglíyán aur háth phúl jáwen aur dard hone lage ki

times do, it will be necessary to roll each finger separately with a narrow bandage, and then roll the hand itself to the wrist, after which the arm must be rolled as directed.

HOW TO ROLL THE BELLY OR CHEST.

A flannel bandage is generally used, about two hands breadth, and six yards long. The roller is put on spirally up and down till it be exhausted. It is best to tack it through the first two or three rolls before proceeding further, otherwise the bandage soon gets loose.

Question.—What form of bandage would you employ to keep a poultice on in cases of fistula, or a sore in the groin?

Answer.—A bandage formed in the shape of the letter T

Q.—How would you apply it?

A.—That part of the bandage answering to the head of the letter forms a belt, which ties round the belly immediately above the hips, and should be made of linen a hand's breadth wide. The stem of the letter is formed by a piece of linen double the width of the former, and sewn by one end to its middle, so that it lies against the loins. This piece should be of sufficient length, that it may be brought forwards, and upwards, between the legs, to the front of the belt, over which its loose end is to be turned, and being split a little way down, the two loose ends thus made may be brought forwards and tied, or it may be sewn to the belt without splitting. If with this bandage a poultice has to be confined on the groin, the tail piece must be inclined to that side, and fastened to the belt as may be necessary.

THE MANY-TAILED BANDAGE.

Question.—Describe the composition of a many-tailed bandage and its use?

Answer.—This bandage is made of linen, and consists of one long band of roller, width three inches, across which transverse pieces of the same width, but of sufficient length for their ends to overlap each other after surrounding the limb, are laid, one-half covering the other, and, thus placed, are sewn at their middle, to

báze auqát aisá ittasáq hotá hai us súrat men har ek unglí men judí judí kamchaurí pattí bándhí jáwe aur bádhú háth par kalší tak roll bándhá jáwe aur níche se báñh par hasb hidáet mazkúreh bálá roll bándhá jáwe.

TARKÍB PET YÁ CHHATÍ PAR ROLL BÁNDHNE KÍ.

Is kám men flannel kí pattí do háth chaurí aur chhah gaz lambí aksar kám átí hai, roller ko úpar aur níche pech dar pech bándh te hain. Jab tak ki sárá lipat jáwe munásib yih hai ki do yá tím lapeṭ dekar us ko tánk dyá jáwe, warne wuh bandish jald qhilí ho játí hai.

S.—Kis súrat kí pattí wáste lagáne poultice ke násúr yá zakhm jáng par bakár ámad hotí hai?

J.—Pattí bashakl angrezí harúf barí tí ke (T) hotí hai?

S.—Yih pattí kyunkar bándhí jáwe ?

J.—Wah hissá pattí ká ki jo bashakl úpar ke hisse us haraf ke hai, wah bataur pattí lapeṭá chábíye, us ko gird peṭ ke úpar kúlah ke bándh te hain, chábíye ki wuh pattí linen kapre kí háth bhar chaurí banáí jáwe, aur pattí ki bájíe níche kí shákhan us haraf ke hotí hai wuh linen kapre kí do háth chaurí banáí jáwe aur ek sirá uskí bich men us pattí ke sí díyá jiwe táki wuh kamar ke úpar pará rahi, yin tukrá túl men is qadar mukhtafí ho ki áge aur úpar tágong ke bich men se us pattí ke sámne tak pahunche, wahán us ká dusrá sirá jo khulá ho lapeṭá jáwe, aur zará us ko phár kar donon sire ki iláhdah ho jáwenge; áge ko nikálkar bándh díye jáwen, yá pattí men wuh sirá bilá sarkáne ke sí díyá jáwe; agar is bandish se poultice jáng par qáem rakhí jáwe to pichhlá sirá us taraf ko sarká díyá jáwe aur hasb zarúrat pattí men bándh díyá jáwe.

TARKÍB KAÍ SHÁKHDA'R PATTÍ BÁNDHNE KÍ.

S.—Tarkíb kaí shákhda'r pattí kí aur fuwaed uske bayán karo.

J.—Yih pattí linen kapre kí baní hai, aur wuh pattí bahut lambí roller ke baarz tím inch chaurí hotí hai, aur uske bich men kaí árí pattíyán usí qadr chaurí magar aisí lapeṭe ki un ke sire bad bandish hone ápas men har ek ázv ke lipaṭne ke qabil rahan lagáí játí hain, is tarah ki ádhí pattí se úpar kí pattí dab jáwe, aur is

tinued up to the groin, and two or three turns made above the hip to prevent its slipping down.

Q.—When an enlarged vein bursts, what should you do ?

A.—Stop it by placing a finger on the bleeding part and laying the person down flat either on the ground or on a bed. A little pad of lint is then to be put on, and bound fast with a roller, which should first be applied upon the foot, and then rolled up carefully over the pad and above the knee or higher according to circumstances. The person should be kept in bed for a few days, in which time the wound heals, and the pad may be removed having first soaked it for a few hours in a wet poultice. A small piece of plaster may then be put on and the leg carefully rolled as before.

ON BRUISES.

Question.—What is meant by a bruise ?

Answer.—A common, and very often a troublesome accident caused generally by some heavy weight falling upon some part of the body, or the person falling heavily from some height. At first the part swells, then blackens, in consequence of the blood escaping beneath the skin from the small vessels which are burst by the blow. After a day or two or more, according to the severity and extent of the bruise, the colour changes to a dirty green, and the skin around the bruise has a greenish yellow hue. Sometimes, when much blood has been extravasated, and not absorbed, an abscess forms, which at last bursts through the skin, and is often very troublesome to cure.

Q.—What is the best application to a bruise ?

A.—A warm moist poultice, constantly renewed, or hot moist flannels. If the bruise should be very severe and in the neighbourhood of a joint in an adult, a dozen leeches should be applied to relieve the pain, following them up with warm poultices or flannels; leeches may require to be applied three or four times before the pain is removed. Should the bruise be near any joint, the limb must be kept perfectly quiet for many days.

TORN OR CUT ACHILLES TENDON.

Question.—Where is the tendon Achilles situated ?

jáwen to us súrat men us patší ko jangáse tak khíñch kar báñdhí jáwe, aur kúle ke úpar do yá tím lapeṭ diye jáwen.

S.—Jab ki baṛhí huí rag phaṭ jáwe us waqt kyá ɭláj kiyá jáwe ?

J.—Jis jagah se khún nikaltá ho wahán unglí lagákar khún ko rok diyá jáwe, aur maríz ko hamwár zamín par yá chárpaí par páñw phailákar barábar litá diyá jáwe, us waqt ek chhotí gaddí lint kí lagákar roller se báñdh dí jáwe. Awwal páñw par báñdhkar baahtiyát tamám us gaddí par úpar zánú yá aur úpar hasb zarúrat aur mauqa lapeṭí jáwe, aur maríz ko chand roz tak chárpaí par parā rakkhen, táki us arse men uská zaķhm indamál páwe, aur gaddí ko chand ghante tak tar poultice se bhíga huá rakħkar utár dále bād iske ek chhotá tukrá plaster ká rakh kar tāng badastúr sábiq phir roll se báñdh dí jáwe.

ZARB KE BAYÁN MEN.

Sawál.—Zarb se kyá murád hai ?

Jawáb.—Basabab gir pañne kisí bahut bhári bojló ke azái jism par, yá basabab gir pañne dafatan kisí buland muqám se. Aw-walan jis muqám par zorb átí hai us muqám par warm ho játá hai, bād uske siyáh ho játá hai isliye ki chhotí chhotí ragon men se jo ki basabab sadme ke phaṭ játí hain ɭhún nikalkar andar khál ke daurta hai, bādhú ek yá do yá ziyádah dinoñ ke bartábaq tashaddud aur túlání zorb ke rang uská sabz siyáh máil ho játá hai, aur ás pás kí khál barang zard sabzí máil ho játí hai, báz auqát jab ki ɭhún niklá, aur na jazb huá, us súrat men phorá ho játá hai, aur ákhir-ul-amar andar khál ke phút játá hai, aur uská achchhá honá bahut diqqat talab hai.

S.—Sab se bahtar zorb par lagáne kí dawá kyá hai ?

J.—Garam tar poultice yá tar flannel har roz báñdhí jáwe, agar zorb bahut shadíd howe, aur kisí joṛ ke pás wáqá howe, aur wuh shaḥhs jawán howe, wáste kam karne dard ke bárah joñken lagáwen aur uske bād garam poultice yá flannel báñdhá jáwe, qabl az rafā hone dard ke joñk tím yá chármarṭabah lagáí jáwen, agar wuh zorb kisí joṛ ke pás wáqá howe, to azv ko chand roz tak bilá jumbish rakhná zarur hai.

DARBA'B PHAT JANE YA KAT JANE ACHILLES TENDAN KA'.

Sawál.—Achilles tendon putṭhe kis muqám par wáqá hai ?

Answer.—The large thick tendon so called, connects the heel with the great muscles forming the calf of the leg.

Q.—How does this accident generally occur ?

A.—The person makes a false step when walking or in coming down stairs; sometimes it has been broken by a person dancing violently.

Q.—What are the signs of a torn tendon achilles ?

A.—The person drops to the ground as if shot, and feels has if he had received a violent blow on the part. When he gets up, he finds himself utterly unable to keep that leg erect, if he make the least attempt to rest his weight on it, and is therefore compelled to hop on the other.

Q.—What is the proper treatment in such a case ?

A.—The person should be put to bed, and lay his leg on the outside, with his knee much bent, and the toes much pointed, by which position the torn ends of the tendon are brought as nearly together as possible. This position should be retained by putting a piece of thin board about three fingers wide, and extending from below the knee cap beyond the toes upon the front of the leg, taking care to have the board well padded; it must be confined above by a few turns of a short roller around it, and the upper part of the calf; and below, around it and the foot, so that the pointing of the toes is thus rendered continual. No bandage must be put on at the part where the tendon has been torn, and which is easily found before the foot is extended, by the gap in which the finger drops in passing it from the heel up the leg towards the calf.

Q.—How soon may the patient get up ?

A.—Generally in about fourteen days. He should however wear a half boot laced up in front with a very high heel of cork, which should keep the toes pointed, as they were when he was in bed. In course of ten days the height of the heel of his boot may be slightly reduced, and so on every ten days, until he brings his heel gradually to the ground.

Q.—Should the tendon achilles be cut, what treatment ought to be pursued ?

A.—The edges of the skin must be kept together by two or three

J.—Bará motá patthá jis ko achilles tendon kahte hain̄ erí ko un patthon men shámil kartá hai jis se pindlí baní huí hai.

S.—Yih patthá kis tarah phaṭ játá yá kat̄ játá hai ?

J.—Jab ki chalte waqt yá zíne se utarte waqt ghabráhaṭ men pánw par játá hai, aur baz waqt ittisáqan zor se náchné waqt tāṭ játá hai.

S.—Aksar kat̄ jáne achilles tendon ke kyá hain̄ ?

J.—Wuh shaḥhs ki jis ká yih patthá kat̄ jáwe, wuh zamín par is tarah gir partá hai ki jaise kisí ke golí lage, aur usko aisá malum hotá hai ki us muqám par bará sadma pahunchá, jab ki wuh uthná hai to apní tāngen sídhe khare hone ke qabil nahín pátá, agarche wuh gáhe iráda kartá hai bojh dená us tāng par to wuh kúd partá hai dúsri tāng se.

S.—Aisí súrat men kyá iláj karná munásib hai ?

J.—Wuh shaḥhs chárpaí par litáyá jáwe, aur apní tāng báhar nikálc, aur ghuṭne ko bahut jhuká de, aur nok se angúthé ko sídhá kare, aisú karne se wuh patthá albatta hatt-ul-imkán qarib á játá hai, is wazá se qáim rakhne kí tadbíryih hai ki ek tukrā patle takhte ká tín angusht chaurá ghuṭne kí chapní ke níche se pánw ke angúthé ke sire kí taraf tāng ke sámne bándl dewen, magar yih ihti-yát karen ki us takhte par aur úpar kí taraf jáng aur níche aurgird pánw ke lagáe jáwen tíki nok angúthé kí is tarah qáim rahe, aur jis muqám se ki patthá kat̄ gayá ho, waháñ kuchh bandish na kí jáwe, aur wuh muqám qabl az phailáne pánw ke hone chhed ke se ki jis men sc unglí utar jáwe, jis waqt ki erí se tāng par jáng kí taraf háth pherá jáwe baásání tamám malum ho játá hai.

S.—Kis ərsa men maríz uthne ke qabil ho játá hai ?

J.—Aksar chaudah roz men maríz ko cháhiye ki ádhá boot jútá áge se bandhá ho, us júte kí erí ko cork kí dát se únchá rakkhen, angúthé pánw ke usí tarah khare raheñ jaise chárpaí par paṛne ke waqt khare rahte hain̄, das roz bád boot kí erí kí bulandí thorí sī kam kí jáwe, aur isí tarah har daswen roz kam karní cháhiye, jab tak ki erí áhistah áhistah zamín par tikkne lage.

S.—Achilles tendon kat̄ jáwe to kyá iláj kiyá jáwe ?

J.—Sab taraf se khál jamā kar ke do yá tín tānke reshám ke

stitches of silk, both edges of the skin should be nipped up, so as to make their under sides touch, and then pass the needle and thread upwards through both together about two-tenths of an inch from the edge, and then a quarter of an inch distance to pass it again downwards in like manner. Two or more stitches must be put in, and should be supported by long narrow strips of sticking plaster laid between them lengthwise on the leg. About the third or fourth day, the stitches must be taken out, if the holes through which the needles have passed be wet with matter, or before this time, if they be red and swollen. After they are removed, the straps of plaster must be used to keep the wounds together.

BLEEDING FROM THE NOSE.

Question.—How would you check bleeding from the nose ?

Answer.—This is generally done by the person sitting upright, bathing the nose with cold water or vinegar and water, and sniffing it up the nostrils, or applying pounded ice. If it however continues, twenty grains of alum may be put into two table spoonsful of cold water and thrown up with a squirt; or a plug of lint dipped in this wash may be passed into the bleeding nostril, taking care to pass a strong thread securely round it, lest it should be pushed in so far back, that it cannot be got out without great difficulty. The patient should take a few saline purges.

ON BLEEDING FROM WOUNDS.

Question.—How would you attempt to stop bleeding from a wound ?

Answer.—If the wounded part be on a bone, as for instance on the skull, or on parts of the face, where it can be pressed firmly against the bone by the finger, or by a bit of cork or hard pad bound tightly on with a roller. If this does not succeed, each edge of the wound may be lifted up, carefully examined, and if any little jet of blood be seen, it may be presumed that some little artery is wounded. The point of a tenaculum should then be dipped in as near as possible to it, and the spouting mouth drawn up sufficiently, to pass a strong thread or silk round it below the tenaculum ; one end of the silk should then be passed through the other, and both ends drawn steadily till the blood cease to flow. Any other spouting vessel

lagáwen̄ donon kináre úpar ko is tarah khainche jáwen̄, ki andar kí taraf se us khál ke us patthe ká mún̄ mil jáwe, us waqt donon men̄ úpar kí taraf ko suí aur dorá ek inch ke dúsre hissah ke barábar us kínáre se nikálen̄, aur níche se ek inch ke chaháram hissah ke fásle par usí taur se. Do yá ziyádah tánke lagáe jáwen̄, aur lambí kamchauří patṭí sticking plaster kí un tínkóñ ke bích men̄ táng ke úpar lagá dí jáwe, taki we tánke wahín qáim raheñ. Qaríb tísre ya chauthe roz ke we tánke nikálc jáwen̄, agar chhed suí ke babáis píb ke tar hon̄, yá surkhi yá phúle hue hon̄. Bād nikálne tánke ke pháyá marham wáste milá rakhne zaķhmoñ ke istamál kiyá jáwe.

BAYÁN JARÍ HONE NAKSÍR KÁ.

Sawál.—Kyunkar tum band kar sakte ho khún nikalná nák se?

Jawáb.—Tarkib band karne khún kí yih hai, ki maríz ko sídhá biṭhlákar us kí nák thande páni se, yá sirke aur páni ke sáth tar kareñ, aur sungháwen̄ us ko nathnon kí ráh se, yá lagáwen̄ us par kútá huá baraf. Agar isse khún ná thambe, bíz grain pliṭkarí do mez ke chamche bhar páni sard men̄ milákar pichkári se nák men̄ dálí jáwe; yá ek batí lint kí us páni men̄ bhigokar khún nikalne-wále nathne men̄ lagái jáwe, magar yih ihtiyyát rahe ki ek mazbut dorá us men̄ bándhá jáwe, taki wuh battí aisí dúr nák ke andar na chalí jáwe ki us ká nikalná dushwár ho jáwe.

BAYÁN IJRAÍ KHÚN KÁ ZAKHM SE.

Sawál.—Nikalná khún ká zaķhmoñ se kyunkar band kiyá jáwe?

Jawáb.—Agar wuh zaķhm kisi haddí par howe, maslan khopří par, yá kisi muqám chihre par, to us muqám par unglí yá cork kí lakrí se dabáyá jáwe, yá ek saķht gaddí roller se khainchkar bándh dí jáwe. Agar yih tadbír kárgar na howe, har ek kinárá zaķhm ká uṭhákar baahtiyát tamám ghaur se dekhá jáwe, agar chhotá sá rásta khún ká nazar áwe, to yaqín kiyá jáwe ki koí chhotí shiryán men̄ zaķhm ho gayá hai. Us súrat men̄ tinaculum ke nok hatt-ul-imkán us ke mutta-sil kí jáwe, aur jaháñ se khún nikaltá ho us ko baqadar zarúrat uṇchá uṭhákar us ke gird mazbút dorá reshám ká níche us tenacu-lum ke lagáwe; bádhú ek sirá us reshám ká dúsre men̄ se lagákar donon sirop ko khúb khainchey jab tak ki nikalná khún ká band

must be hooked up, and tied in a similar manner. After which, if the bleeding cease, the wound may be brought together with plaster.

Q.—If the bleeding proceed from a wound near the armpit, what should be done ?

A.—Place your thumb firmly into the neck immediately behind the middle of the collar bone, which will stop the flow of blood, until proper medical aid can be procured. The pressure thus made soon tires the thumb ; the handle of a large key, wrapped in three or four folds of linen, may be pressed in like manner for almost any length of time without fatigue.

Q.—If the bleeding proceeds from a wound in the leg or thigh, especially if high up in the latter, how would you proceed to stop it ?

A.—Place the patient on his back, and apply pressure directly on the groin, at right angles with the body, until assistance could be procured.

Q.—When the bleeding is anywhere below the middle of the upper arm or below the middle of the thigh, how would you temporarily stop it ?

A.—I should take a handkerchief, and pass it once or twice round the limb, some distance if possible above the wound, and tie it tightly and firmly. A stick is then to be pushed beneath the circular bandage thus formed between it and the skin, and twist it so that it screws the handkerchief tight until the blood ceases to flow. The screwing should only be continued till the bleeding stops, as the soft parts beneath may be severely bruised.

ON SPRAINS.

Question.—What is a sprain ?

Answer.—A straining, wrenching, or tearing of the ligaments or tough structures which bind bones together to form joints.

Q.—What joints are most commonly sprained ?

A.—The wrist and ankle.

Q.—What treatment should you adopt for a strain ?

A.—The joint should be kept perfectly at rest, and the person keep on his bed ; warm moist flannels should be repeatedly applied

ho jáwe. Aur dúsri rag jis men se khún nikaltá ho us ko bhí isí tarah hook lagákar bándhe. Bäd us ke agar khún tham jáwe to zaķhm ko plaster lagáwe taki wuh andmál páwe.

S.—Agar khún aise zaķhm se nikaltá ho ki wuh muttasil baḡhal ke ho, us súrat men kyá kiyá jáwe?

J.—Angúthá hárth ká gardan parse níche hán̄s kí haḍdí ke bích men mazbút raklikar dabáweñ taki us se khún band ho jáwe, jab tak aur maáljah munásib tajwíz kiyá jáwe. Is tarah dabáne se angúthá jald dukhne lagegá, is liye munásib hai ki baří kunjí ke daste par tín yá chár tali linen kí lapeṭ kar usí tarah use dabáwe, aur is tarah se jab tak cháhe dabáwe kuchh thakán malum na hogá.

S.—Agar khún aise zaķhm se jári ho jo táng yá jáng men, yá jáng se úpar wáqā ho, us ko kyunkar band karen?

J.—Maríz ko píth ke saháre se biṭháwe, aur ek gaddí jangáse par durustí se lagái jáwe, jab tak ki dúsra maáljah munásib tajwíz ho.

S.—Jab ki khún kisí muqám se níche bích úparle hárth ke yá níche bích jáng ke wáqā ho, to bilfaił us ko kis tarah band karen?

J.—Ek rúmál se, ek yá do lapeṭ us үzv par thoṛe ek fásle zaķhm se jaisá ki mumkin ho khúb khainchkar mazbút bándh de. Bädhú ek lakrī is patṭí mudawwar ke níche se yané darmiyán patṭí aur post ke nikálkar us ko itná ainthe ki khún band ho jáwe. Magar jab tak ainthe ki jab tak khún band ho jáwe, mubádá azái muláim ki us ke níche wáqā ho un men zarar na pahunche.

MOCH KE BAYÁN MEN.

Sawál.—Moch kis ko kahte haiṇ?

Jawáb.—Jo lachak, yá ainth, yá shigáf patthón men yá jaráo jorón men hain jis se ustakhwán aur azái bane hue haiṇ us men wáqā ho us ko moch kahte haiṇ.

S.—Kaun kaun se үzv men aksar moch á játi hai?

J.—Kaláí hárth aur takhne pánw ke men.

S.—Us ke ainthne men kyá tadbír kí jáwe?

J.—Wuh үzv behis aur harkat rakkha jáwe, aur maríz chárpaí par pará rahe, garam aur tar flannel mukarrar aur sikarrar chand

for some hours, and a warm bread and water poultice at bed time. These should be continued for a few days, and no attempt be made to use the joint. If the pain be very severe, and continue so for the first and following days, leeches may be applied, and be repeated once or oftener. When the pain subsides, a vinegar poultice or a wash of goulard extract may be applied. When the pain entirely subsides, the greatest caution must be used not to excite fresh inflammation by walking too soon, or exercise the limb. A joint often swells a long while after a sprain, it should then be bound up carefully with straps of soap plaster and a roller of linen.

BROKEN BONES.

Persons who break their arms either below or above the elbow, will find it least painful to put the forearm at right angles with the upper, in a broad sling, which will contain it from the elbow to the points of the fingers; and he will find he can walk home, or to the Doctor's residence, with far less pain to himself, than if he went in a carriage of any kind.

If the leg or thigh be broken, a hurdle or a door covered with straw, coats, or blankets, may be converted into an excellent litter, which should be laid down by the sufferer's side, and be gently and quickly laid on it, by just as many persons as are enough to raise him up a very little from the ground, and by no more, as the greater number of assistants there be, the less likely are they to act together and effectually. The hurdle or door should be carried by hand, not on the assistants' shoulders as commonly done, two persons at each end taking hold of it, and all keeping step as they move along. If a couple of poles can be procured and fixed across and beneath each end of the hurdle or door, the bearers will be able to carry him with less fatigue either to themselves or the patient. If neither hurdle or door can be procured, an excellent substitute may be made, by fastening four stout poles together, and tying a blanket securely to them, so as to resemble the frame and sacking of a bedstead, and upon this the sufferer may be led. Having got the sufferer on the hurdle, door or blanket frame, the sound limb should be brought close to the broken one, and both limbs be tied firmly together with two or three handkerchiefs, thereby giving great support to the broken limb, and almost pre-

ghanṭon tak lagáí jáwe aur garam roṭí aur pání ká poultice sote waqt bándhá jáwe. Aisá hí chand roz tak kartá rahe, aur us uvwxyz se mutlaq kám na le. Agar dard bahut shadíd howe, waisáhí istamál men láte raho awwal din yá dúsre din tak, aur joñken lagáí jáwen ek martabe yá ziyádah. Jab ki dard ko ifáqá ho, to poultice sirká yá wash goulard extract ká lagáyá jáwe. Jab ki dard bilkul mauqúf ho jáwe, to bahut ahtiyát karen̄ ki jald chalne yá us uvwxyz ko harkat dene se sozish ziyádah na ho jáwe. Moch áne ke kitne hí arse bād aksar warm á játá hai, us waqt cháhiye ki bahtiyát tamám pattí soap plaster kí lapeṭ ke aur roller linen ká úpar bándhá jáwe.

BAYÁN TÚT JÁNE HADDÍ KÁ.

Jis shaḥhs ká háth níche yá úpar kohní se tút jáwe, agar wuh shaḥhs apne agle háth ko mustaqím úpar ke háth ke háth par chaurí himáil men rakkhe, ki us men sárá háth kohní se unglíyon tak á jáwe to bahut kam taklíf hogí, agar wuh shaḥhs gári men baithkar ghar jáwe, yá doctor ke makán par pyádah jáná us ko mújib bahut kam taklíf ká hogá.

Agar táng yá jáng tút jáwe to ṭattiyon ko ghás yá bárán coat yá kamblon se dháṇkkar ek achchliá dolá banáyá jáwe, aur maríz ke barábar rakklá jáwe, aur jis qadar ádmí ki us ko zamín se ubhár sakeñ usí qadar ádmí jamā kar ke us ko uṭhákar us men litáyá jáwe, isse ziyádah ádmí lagáe jáwen, isliye ki jis qadar ádmí ziyádah honge usí qadar un se ek sáth aur jaisá ki cháhiye kám anjum hogá. Wuh dolá háthon par chale, aur kandhon par na chale jaise ki aksar dastúr hai, do ádmí us ko donon taraf se pakre chalen, aur báqí ádmí sáth sáth qadam uṭháe jáwen. Agar do dande báham pahuṇcheñ aur níche har ek sire ke us dole men áre lagáe jáwen, to kaháron ko kam thakán málum hogá, aur níz bímár ko bhí kam taklíf hogí. Agar dolí báham na pahuṇche to yih tajwíz umda hai ki uskí jagah chár mazbút dande bándhkar unke bich men ek kambal tán dewe ki wuh bashakal kháne chárpaí ke ho jáwe, aur us par maríz ko le jáwen. Aur us shaḥhs ko dolí yá kambal ke chaukhṭe par sawár kar ke achchhá uvwxyz túte hue uvwxyz ke muttasil lákar donon ázá ko tín rúmálon se khúb mazbút bándhá jáwe, is taur se túte hue uvwxyz ko bahut sahárá ho játá hai, aur harkat qadre mauqúf ho játí hai, ek takiyá yá lambí gaddí ghás kí báhar kí taraf us uvwxyz ke rakkhí jáwe, táki us ko aur ziyádah maz-

venting any movement. A pillow or long pad of straw should be placed along the outside of a limb to render it still more steady. In placing the limb on the hurdle, door or blanket frame, great care should always be taken to lay the broken bone as near as possible in its natural position, for if this be not attended to, but the broken part be left bent, most probably one or other end of the bone will thrust through the skin, and thereby materially increase the injury.

On the patient being brought home, the limb, if an arm, should be placed upon a pillow half bent, and if a leg or thigh, it will rest most easily upon the outer side, with the knee bent, and so retained until proper assistance can be procured.

BROKEN RIBS.

Question.—What are the usual signs of a broken rib?

Answer.—It may be presumed a person has his ribs broken, when, after a fall or blow, he feels at every breath, a stitch or prick in the side of his chest where he has received the injury; and if the hand be placed on this part, and the person be directed to draw his breath in deeply, the broken ends of the bone will be felt moving on each other, and giving a sort of crackling feel.

Q.—What treatment should you adopt, if one or more ribs be broken on one side of the chest?

A.—Wind a flannel or linen roller, six yards long and four inches wide, tightly round the chest, so as to prevent any motion of the ribs in breathing. The end of the roller should be sewn, and it would be as well, if all the turns of the roller were sewn together, as it would render the binding more secure. If well put on, such a bandage would not require to be renewed more than twice in a month.

Q.—Should you bleed in such cases?

A.—It is better left alone, until the patient complains of pain, or is troubled with cough, then a pint of blood may be taken with benefit, and may perhaps require to be repeated once or twice. The bowels should be well cleared out with a purge, and twenty drops of antimonial wine, five or ten drops of laudanum in a glass of water be given three or four times a day. After a few days the

búti ho jáwe, jis waqt ki háth us dolí par khisek ke chaukhîte par rakkha jáwe us waqt túti huí haddí ko mila huá hatt-ul-wasa bahálat aslí rakhte haiñ, aur hamesha bahut ihtiyát karní lázim hai, zerá ki agar us men ihtiyát na kí jáwegí aur tútâ huá užv khamídah pará rahegá to ghálib hai ki ek sirá yá dúsra sirá haddí ká jild men ghus jáwegá aur usse ziyádah ízá pahunchegí, aur jis waqt maríz ghar pahunche to us užv ko agar háth ká howe ádhá kham dekar takiye par rakkhen, agar táng yá jáng ká howe to us ke báhar kí taraf ghuṭná jhukákar rakkhen, bahut áram malum hogá, is taur se us ko sahárá diyá jáwe jab tak ki maáljah munásib tajwíz ho.

BAYÁN TÚTNE PASLIYON KÁ.

Sawál.—Mamúlí ásár shikastgí paslí ke kyá haiñ ?

Jawáb.—Jis shakhs kí paslí túti huí hai jo ki bád girne yá pahunchne kisí sadme ke har ek sáns men us kó ek kasak yá chasak chhláti ke pahlú men jahán andar pahunchí hai malum howe, aur us muqám par háth rakkha jáwe, aur us shakhs ko kahá jáwe ki sáns andar ko zor se khainche to túte hue sire paslí ke idhar udhar harkat larte hue malum honge.

S.—Agar ek yá ziyádah pasliyán chhátí kí ek taraf se tút jáwen to kyá ilkjí kiyá jáwe?

J.—Flanel yá linen kapre ká roller chhah ghaz lambá aur chár inch chaurá khenchkar chhláti ke ás pás bándhá jáwe táki dam lete waqt pasliyon ko harkat na howe, aur sire us roller ke sí diye jáwen, aur jo sab lapeñ us roller ke táñk diye jáwen jisse ki wuh bandish khúb hisfázat se rahegí, agar yih bandish khúb baudhe to do martabah kholná ek mahíne men munásib hogá.

S.—In súraton men fasd lená bhí cháhiye ?

J.—Munásib hai ki kuchh na karen jab tak ki bímár ke dard kí shikáyet ho, yá us ko khánsí satáwe; us súrat men ádhá ser khún ká lená musfid hogá, aur sháyad ek do martabah aur fasd kí zarúrat howe, mushil de kar antariyán khúb sáf kí jáwen, aur bíqatré antimonial wine ke aur páñch yá das qatre laudanum ke, ek glass pání men, chár martabah ek din men piláe jáwen, bád chand

person will find himself much more comfortable sitting up than lying in bed.

Q.—If the ribs on both sides be broken, what should you do ?

A.—In that case, or if the breast bone be broken, no bandage should be applied, as it will do mischief, but the person must be kept as quiet as possible. These latter accidents are always very dangerous.

BROKEN COLLAR BONE.

Question.—What are the signs of a broken collar bone ?

Answer.—A bump may be observed, when comparing the broken with the unbroken bone ; the unnatural motion felt by the fingers put on the broken part when the arm is moved ; the pain on motion, the disappearance of the irregularity when the shoulders are brought back, and its reappearance when the hold of them is left off, are proofs of the nature of the accident.

Q.—What is the treatment to be adopted here ?

A.—It consists in placing high up in the hollow of the armpit, a pad as big as two fists, and twice as wide, which must be kept in place by a tape at each end, passed on the back, and the other on the front of the chest, and tied on a pad to prevent galling on the opposite side of the neck. A bandage is next to be turned once or twice round the arm, immediately above the elbow, and its two ends carried round the chest, one before, and the other behind, and tied so as to keep the elbow close to the side. The elbow and forearm are then put into a short sling, which lifts up the shoulder, and should be tied on the sound side of the neck. The bandages thus put on must be worn for a month.

BROKEN ARM ABOVE THE ELBOW.

Question.—What are the signs of an arm being broken above the elbow ?

Answer.—This accident is easily distinguished by the unnatural motion at the broken part, and by the person being incapable of raising either the elbow or forearm.

roz ke bímár ko chárpaí par pará rahne se aur uṭh kar baithne se ziýádah áram málum hone lagegá.

S.—Agar donon taraf kí pasliyán tút jáwen to us súrat men kyá kiyá jáwegá?

J.—Us súrat men agar chhátí kí haddí tút jáwe to bandish karní munásib nahín, zerá ki usse qabáhat lázim áwegí, magar maríz ko jahán tak mumkin ho beharkat rakkhá jáwe, aur aísí hawádis mazkúra bálá se hamesha bahut zarar láhaq hotá hai.

BAYÁN TÚT JÁNE HADDÍ HÁNS KÁ.

Sawál.—Ásár shikastgí haddí háns ke kyá hain?

Jawáb.—Jis waqt ki túti huí háns kí haddí ko sálim haddí ke muqábil dekhá jáwe, to uspar ek gúmrá sá málum hotá hai, aur jab ki túte hue ȝev par unglí rakkhí jáwe, barwaqt harkat dene háth ke us jagah ek harkat ȝhilaf ádat hotí huí málum hotí hai, barwaqt jumbish ke dard hotá hai, jabki kandhá píchhe ko jhukáyá jáwe, to us waqt badshaklí dahán kí uskí shakal se málum hotí hai, aur jabki unko ȝhilá chhoȝ diyá jáwe, to us waqt phír badshaklí usse wázə hotí hai, to us súrat men wázə ho ki haddí háns kí tút gá.

S.—Us hálat men kyá jláj kiyá jáwe?

J.—Cháhiye ki baghal ke andar únche kí taraf ek gaddí bamiqdár do muṭthí moṭí aur chahár muṭthí chauří ho donon taraf se bándhí jáwe, ek síta donon siroñ par bándlkar ek sirá píth par ko nikálkar aur dúsrá chhátí ke sámhne lákar us gaddí par bándhá jáwe, ki sámhne kí taraf gardan ke taklíf na ho; bádhú ek patí kí ek yá do lapet dekar zará kohní ke úpar báñh men bándhí jáwe, aur us patí ke do sires men se ek sirá chhátí ke áge se dúsrá píchhe lejákar báñh diye jáwen, táki kohní pahlú ke pás rahe, zánpas kohní aur aglá háth ek chhotí sí himáil men rakkhe jáwen, ki jisse kandhá uṭhá rahe, aur gardan kí sálim haddí kí taraf kandhá bándhá jáwe, aur yih bandish ek mahíne tak bandhí rahe.

BAYÁN TÚT JÁNE HADDÍ HÁTH KÁ KOHNÍ SE ÚPAR.

Sawál.—Kohní ke úpar báñh tút jáne ke ásár kyá hain?

Jawáb.—Tútná báñh ká is muqám se basabab ȝhilaf ádat wáqá hone harkat ke bamuqám shikastgí baásání tamíz ho saktí hai, aur us súrat men wuh shakhs kohní aur aglá háth uṭhá nahín saktá hai.

Q.—What is the treatment to be followed here ?

A.—The pads and splints must be fitted on the sound arm, and four of each will be required. The splints should be about three fingers' breadth wide; one should reach from the shoulder to the bend of the elbow, one behind from the shoulder to the point of the elbow, one from the armpit to the jutting inside of the elbow, and one from the shoulder to the jutting outside of the elbow. The pads should be a little wider than the splints and about two inches longer, so that they may be turned over each end of the splint, and tacked, to prevent them slipping about. Two long rollers are also necessary. The immediate swelling after the accident having subsided, the limb must be placed with the forearm bent at a right angle with the upper. The hand and arm are to be lightly swathed with a roller, the turns of which should overlap each other, and be continued a little above the elbow. The second roller is now to be wound round the arm, twice or three times above the elbow, then the first splint is to be placed on the front of the upper arm, but not quite down to the bend of the elbow, and two or three turns of the roller made round it; next the back splint, from the shoulder to the elbow, placed against the arm, and the roller carried around it twice or thrice; the third splint is now put on at the inside, its upper end being pushed up into the arm-pit, not so high, however, as to rub against and gall it, and the fourth on the outside, round these the roller is now to be wound, and continued till the whole arm with the splints have been swathed from the arm-pit to the bend of the elbow. A short sling is then put round the neck, which must only support the hand and wrist. By thus doing, the weight of the elbow drags down the lower end of the bone, and keeps the broken portions in place. The splints rarely require being touched for ten days or a fortnight, and must then be again applied in the same manner. They must be worn for a month or five weeks. The person should walk about during his cure, as the broken bone keeps its position better than when in bed.

Q.—If wooden splints are not procurable, what substitutes may be employed ?

A.—Stiff paste board, or wheat straw splints.

Q.—Is there any other method ever employed with success ?

A.—Yes, after rolling the hand and forearm, a long roller well

S.—Is súrat men kyá maáljah kiyá jáwe ?

J.—Gaddiyán aur splint sálim báñh par chárháe jáwen, har qism ke chár chár honí cháhiyen, tún tín angusht chaurí splint lekar ek to kandhe se kohní ke ķham tak, aur ek kandhe ke pichhe se kohní ke kináre tak, ek baghal se kohní ke andar nok tak, aur ek kandhe se kohní ke báhar nok tak bándhí jáwen, gaddiyán splint se zará chaurí aur do inch ziyádah lambí hóq táki splint ke donon kináron se ulat kar ke síye jáwen, táki splint phisal na jáwen, aur do lambe roller bhí darkár hote hain, jab ki warm hawádas kam ho jáwe, tútā huá láth agle háth par ķham dekar basúrat záwiya qáima rakkhá jáwe, bádhú háth aur báñh roller se lapeté jáwen, istarah ki lapet uske lapet par áte jáwen, aur zará kohní ke úpar tak dúsra roller báñh ke gird do tún lapet kohní ke úpar lapeté jáwen, bádhú awwal splint úpar ke báñh kí sámhné rakkhá jáwe, magar aisá níche nahín ki kohní ke ķham tak pahunche, aur roller ke dō tún lapet us par diye jáwen, bád uske píth ká splint kandhe se kohní tak rakkhá jáwe, aur do tún pech roller ke uspar bhí lagáe jáwen, bádhú tísra splint andar kí taraf rakkhá jáwe, uská úpar ká sirá andar baghal ke lagáyá jáwe, magar aisá ziyádah na lagáwen ki baghal usse ragar kar zakhm ho jáwe, aur chauthá splint báhar kí taraf lagáyá jáwe, aur unke gird roller lapetá jáwe, aur lapetá rahe jab tak ki sári báñh mäi splint baghal se kohní ke ķham tak lipat jáwe, us waqt ek chhotá sá hamáil gardan men dálá jáwe, táki uspar háth aur kaláí sahári jáwe, aisá karne se basabab bojh kohní ke níche ká sirá haddí ká utar átá hai, aur túte hue sire apní apní jagah á játe hain, das pandarah din tak splint ko chherne kí zarúrat bahut kam hotí hai, darsúrat chherne ke phir usí tarah se bándh diye jáwen, ek mahíne yá sawá mahíne tak isí tarah bandhe raheñ baayám maáljah maríz ko cháhiye ki chaltá phirtá rahe, is liye ki banisbat chárpaí par pará rahne ke harkat karne se ustakhwán shikastah ziyádah thikáne se rahte hain.

S.—Agar lakrí ke splint báham na pahunchen to us súrat men biliwaz unke kyá jlají kiyá jáwe ?

J.—Sakht waslí yá gehún kí nálí ká splint.

S.—Koi aur bhí tarkib isse bihtar hai ?

J.—Hán aur bhí tadbír hai ki bád roll bándhne háth aur agle háth

soaked in thick gum water, starch, or rice water, may be carefully swathed round the upper arm from the elbow to the arm-pit. The limb must then carefully be laid upon a pillow, in as nearly as possible its natural position, and in the course of twelve or twenty-four hours, the gum or starch dries, and a tough, unyielding, well fitting case encloses the arm, and rarely requires being meddled with, till it be completely removed at the end of the month.

BROKEN ARM BELOW THE ELBOW.

Question.—What are the signs of a broken bone below the elbow?

Answer.—There are two bones in the fore-arm, if only one of them is broken, it is often very difficult for an unpractised person to discover it, and it is of less consequence, as the sound bone serves as a splint to keep the broken one pretty nearly in its proper place, not so however when both bones are broken, here the nature of the injury is easily perceived.

Q..—What treatment ought to be pursued when both bones are broken?

A..—Two padded splints are required extending from the tips of the fingers to the bend of the elbow in front, and to the point of the elbow behind; the forearm is now bent; the splints applied, one before and one behind, and both bound firmly to it with a roller from the fingers up to the bend of the elbow. The arm then resting on its back is to be put in a sling, which shall support it from the elbow to the finger ends. The splints must be kept on about a month.

ON BROKEN FINGERS.

Question.—How would you treat a broken finger?

Answer.—Take a piece of thin wood or stiff paste board, as wide and as long as the finger, and place it on its front, or same side as the palm of the hand. Upon this the finger being laid straight it is to be bound with a roller an inch wide from end to end. The hand should be kept in a sling for a month, and no attempt be made to use it before that time.

ke ek lambá roller gárhe gond ke pání men yá nisháste men yá chá-wal ke pání men bhigokar úpar ke háth ke gird baahtiyát tamám kohní se baghal tak lapeṭá jáwe, uvwxyz shikastah us waqt bawaza aslí sábiq ke bahoshyári tamám jaisá ki mumkin ek takiya par rakkha jáwe, do chár pahar men wuh gond yá cháwal ká pání khushk ho jáwegá, us waqt ek goyá ki sakht bejumbish aur laṭak átā huá miyán háth ke gird ho jáwegá, aur bích uske chherne kí zarúrat kam hogí, jab tak ki ákhir mahíne tak blikul na utár liyá jáwe.

BAYAN TÚT JÁNE BÁNH KA KOHNÍ SE NÍCHE.

Sawál.—Shikastgí ustaḥhwáñ zer kohní kí alámaten kyá haiñ ?

Jawáb.—Agle háth meñ do haddí hotí haiñ, agar ek tút jáwe aksar nawáqif ádmí ko malum karná us ká dushwár hotá hai, aur us ká namalum karná bhí chandán mujib qasúr azím mutsawwar nahíñ ho, is wáste ki dúsri haddí salim bataur splint us túti huí haddí ko qarib qarib basúrat aslí qáim rakhtí hai, magar jab hi donoñ haddí tút jáwen us waqt yih súrat nahíñ hotí aur ísí sábab se bawaqt tútne donoñ haddí ke malum ho játá hai ki kyá nuqsán huá.

S.—Jab donoñ haddí tút jáwen to us waqt kyá iláj kiyá jáwe?

J.—Do gaddí lage huí splint darkár hote haiñ aise lambe ki unglí kí nok se kohní ke ḫam tak sámhne kí taraf aur kohní kí nok tak píchhe kí taraf pahunchen, agle háth ko jhukákar ek splint áge aur ek píchhe lagáyá jáwe, aur unglí se kohní ke ḫam tak roller se mazbút bándhe jáwen, bádhú báñh ko us kí pusht par ṭhahrákar ek himáil par rakkhi jáwe, taki uspar kohní se ungliyon ke sire saháre jáwen, aur yih splint ek mahíne tak barábar bandhe rahan.

BAYAN TÚT JÁNE UNGLIYON KA.

Sawál.—Túti huí ungliyon ká kyá iláj kiyá jáwe?

Jawáb.—Ek ṭukrá patlí lakrí yá sakht waslí ká un ke barábar arz aur túl men lekar sámhne kí taraf hathelí kí taraf un ungliyon ke rakkha jáwe aur unglí sídhí rakhkar ek inch chauré roller se ek sire se dúsre sire tak bándhí jáwen, aur háth ek mahíne tak himáil men rakkha jáwe aur us se kám lene ká iráda us qadar arse tak na kiyá jáwe.

Q.—How is the stiffness that generally remains to be removed?

A.—By placing the hand daily in warm water, and afterwards bend the finger gently forwards and backwards, as far as it can be moved without pain.

BROKEN THIGH.

Question.—How is the nature of this accident detected?

Answer.—If it occurs in any part a little distant from the hip or knee joint, it is easily ascertained by the unnatural bending at the seat of the injury, and by the person being unable to lift up the leg below the broken part, as well as by his not liking to attempt it on account of the pain produced by the ends of the bone pushing into the flesh.

Q.—How would you treat such an accident?

A.—With splints if possible; if not procurable then without them, taking care to keep the person as quiet as possible.

Q.—How would you proceed to treat without splints?

A.—The patient must be placed on his back upon a firm mattress, laid on a board resting on the bed frame. Two thick pads are then to be made of sufficient size to cover, the one the whole of the inside of the sound knee, and the other the inside of the ankle of the same limb. Both limbs must now be laid close together, in the same straight line as the body, resting on the heels, with the toes right upwards; and in doing this care must be taken that the calves of the legs rest flat on the mattress. The body must now be kept immovable by one person who grasps the hips with his two hands. A second person then takes hold of the broken limb with both hands just above the ankle, and gently and steadily draws it down without disturbing its position, whilst a third person places the knee pad between the two knees and the ankle pads between the ankles. The gentle pulling being continued, the sound knee is brought close to that of the broken limb, but a little above it so that it rest against the jutting inside of the joint, and then, both being kept close together, a pad about as broad as the hand must be turned round both legs, directly below both knees, and round this a roller about three yards long, must be softly, carefully

S.—Sakhtí jo ungliyon par ho jáwe kyunkar rafā kiyá jáwe?

J.—Har roz hāth ko garam pání men rakhkar unglíyon ko áhisté áhisté áge píchhe harkat detá rahe, hattá ki un kí jumbish bilá qasúr yá taklíf hone lage.

BAYAN TÚT JÁNE HADDÍ JÁNG KĀ.

Sawál.—Shikastgí jáng kyunkar daryáft kí jáwe?

Jawáb.—Agar jáng zánú ke joṛ yá kúle ke joṛ se fásile par tūt jáwe to malúm honá us ká ásán hai, isliye ki bamuqám zarb Ḳham khiláf ádat par játa hai aur maríz užv shikastgí se tāng apní ut्तá nahín saktá, aur basabab ghusne ustakhwán shikasta ke dard gosht men malúm hotá hai, aur maríz ká yih jí cháhtá hai ki apne pánw ko harkat na dún.

S.—Is súrat men kyá iláj kiyá jáwe?

J.—Agar mumkin ho to iláj bazariḥ splint kiyá jáwe, aur jo splint dastyáb na hoṇ to bilá splint bhí ho saktá hai. Illá yih ahtiyát rahe ki us súrat men maríz hattulwasá bebis aur harkat rahe.

S.—Bilá zariḥ splint kis tarah iláj kiyá jáwe?

J.—Maríz ko mazbút gadele par ki taḥktá jo ki chárpaí par jará howe liṭáwen. Do motí gaddiyán aisí lambí chaurí banáí jáwen ki ek to salim ghuṭne ke andar aur dúsri usí užv ke ṭakhne ke andar ba-khubí á jáwe. Donon užv pás pás rakkhe jáwen usí sídh men jaise ki jism hotá hai ki koī shaḥhs apní erí par sahárá dekar aur pánw kí ungliyon ko sídhá úpar kí taraf karke kharā howe; aur aisá karne men yih liház rahe ki donon tāngon kí jáng us gadele par sáf phailí rahan. Ek ádmí donoṇ kúloṇ ko donoṇ háth se pakar ke us maríz ke badan ko jumbish hone na dewe, aur dúsra ádmí tāte hue užv ko donon háth se taḥkte par pakre rahe, aur áhisté áhisté aur mazbútí se us ko níche utáre, magar us užv ko terhá na karen balki sídhá rakkhen, aur tísra shaḥhs ghuṭne ki gaddí ko darmiyán donon ghuṭnon ke aur ṭakhne kí gaddí ko darmiyán donon ṭakhnon ke rakkhe. Ahiste áhisté khínche salim ghuṭna tāte hue užv ke pás láyá jáwe, magar us se wuh úpar rahe is tarah ki andar kí taraf užv kí jo nok wáqa hai us par sahárá páwe, us waqt donon mutsil lákar ek gaddí háth bhar chaurí donon tāngon ke gird sidhí donon ṭakhnon ke lapetí jáwe, aur us par tím gaz lambá roller áhisté áhisté baahtiyát tamám lapetá jáwe taki ek ghuṭna dúsre ghuṭne ke pás se na phisalne

and tightly wound so as to prevent one knee slipping from the other. A strap and buckle will serve the same purpose, or, in want of a roller and strap, a handkerchief may be passed round and tied, care being taken not to make a knot opposite either of the hard parts which mark the place of the two leg bones, for if it be put there it will be liable to cause very uneasy pressure. Both ankles are next to be tied together in like manner, care being taken that that of the sound is above that of the broken limb. A small pad is now to be put between the insides of both feet to guard them against the pressure which is made by bending the feet together, and this completes the whole business.

Q.—How would you treat a broken thigh with splints?

A.—The management is various, as regards both the number of splints and the position of the limb; sometimes one long straight splint is used; sometimes four short splints, whilst another case may require the double inclined plane to be used.

Q.—Describe the method of applying the long splint?

A.—The whole must be rolled carefully, beginning from the toes, and continuing up to the hip. This must always be done, let what splint be used you please. After having rolled the foot and leg a little above the ankle, and the body being steadied by one person, a second grasps the ankle, and gently pulls the leg down to its proper length, raising it just sufficiently from the bed, which must be assisted by a hand placed beneath the knee, and slightly raising it also, to allow the roller to be passed round it again and again, till the whole limb be rolled to the hip. The roller should only be six yards long and sewn to another for the convenience of the operator and comfort of the patient, for a roller of fourteen or sixteen yards is too bulky. The single splint should be half an inch thick, four fingers wide, and of length to reach from the armpit to an inch below the outside of the sole of the foot. It must be measured upon the unbroken limb, and a round hole cut, with its edge well scooped out, so as to allow the outside of the ankle to go into it, to prevent its being pressed upon. The whole length of the splint is to be well padded on the side next the outside of the broken limb. Each end of the pad is to be turned well over the corresponding end of the splint, and then the pad carefully

páwe. Yih kám ek tasme aurek baksue se nikal saktá hai, aur dar-súrat ədm dastyábí roller yá tasme ke ek rúmál lapetkar bándh diyá jáwe, magar is qadar ahtiyát rahe ki sakht jagah donon haddiyán táng kí howen girah na lagáwen, isliye agar us jagah girah lagegí to us ke dabáo se taklíf hogí. Isí tarah se donon tákhnón ko bhí bándhe, magar yih khyál rahe ki achchhí táng ká tákhná túti huí táng ke tákhné par bándhá jáwe. Ek chhotí gaddí darmiyán men andar kí taraf douon pánw ke rakkhí jáwe taki is men basabab donon ikaṭhe bandhe hone ke dabáo na kare, pas aur kuchh karna zarúr nahín.

S.—Tútí huí jáng ká ıláj bazariḥ splint kyunkar kiyá jé

J.—Kaí tarkíb se karte hain baliház tädád splint aur mauqá už shikastah ke kaí tarkíb se ıláj kiyá jáwe; baze auqát ek lambá sídhá splint, aur baz auqát chár chhote splint aur baz súrat men dohre splint bashakal musallas ke kám áte hain.

S.—Lambe splint bándlne kí tarkíb bayán karo? •

J.—Sádah splint baahtiyát pánw kí ungliyon se kúle tak bándlha jáwe; kaisáhí splint ho illá is tarah bándlhná uská hamesha cháhiye. Táng aur pánw ko zará tákhné se upar rollr se lapet kar, ek shakhs bandan ko mazbút pakre, aur dúsra tákhné ko pakre aur táng baqadar zarúrat níche kí taraf khínche, aur baqadar iktafá usko chárpaí se uṭháwe, aur yih amar is taur se kiyá jáwe ki níche ghuṭne ke háth lagákar aur usko zará únchá uṭháwe aur roller uske ás pás kaí martabe lapete, yá jab tak sárá už kúle tak lipat jáwe; aur wuh roller sirf chhah gaz lambá howe aur dúsre roller men siyá jáwe, taki wáste kár bandish aur áram maríz ke muſíd howe, isliye chaudah yá solah gaz lambá roller bahut bhárí hotá hai. Jo ek spliut ho to wuh ádh inch motá, chár angusht chaurá ho, aur is qadar lambá ki baghal se ek inch níche pánw ke talwe se pahunche. Usko sálim pánw par náp liyá jáwe aur ek gol surákh us men kiyá jáwe aur kináre uske káti diye jáweñ ki erí us men utar jáwe taki usse kuchh dabáo na howe. Túte hue už ke báhar kí taraf jo roller kí taraf howe uspar khúb gaddí lagá dí jáwe; har sirá gaddí ká usí taraf ke splint ko khúb tarah se lapetá jáwe, aur bad uske baahtiyát tamám wuh gaddí us splint ke sáth sí dí jáwe taki us men se wuh báhar na phisal jáwe. Is tarah splint ko tayár karke bándhe. Bímár kojab ek gadele par litáwe aur hasab hidáyat mazkúre bálá us ke už ko roller bándl-

stitched to the splint, to prevent it slipping about. Thus prepared the splint is to be put on. The patient lies on his back on a mattrass, and the limb having been rolled, as already directed, the body is steadied by one person and the leg gently pulled down, as it rests on the heel with the toes upwards, by another, who grasps the ankle, till the sole is brought level with that of the sound limb, and there kept. The arm on the injured side is now moved away a little from the chest, a pad put into the arm-pit, and into the middle of this pad, the upper end of the padded splint is gently pushed, and there kept by a bandage, which had been previously turned round the splint, and tied on its outer side. The long ends of the bandage are then passed across the chest, behind and before, crossed on the opposite side, brought back again, and tied upon the splint. Another bandage, fastened to the splint in the same way, is in like manner to be passed round the hips, and tied also on the out side of the splint. The broken limb is now to be fastened to the splint, with a roller four inches wide, and about sixteen yards long tacked in lengths of six yards long. The outer side of the limb is first gently brought close to the splint, and the ankle having been well fitted into the hole made for it, the limb and splint are held firmly together by the hands of one person on the thigh, one hand above and the other below the broken part, and the leg also by another person, who grasps it and the splint just below the knee, whilst the person pulling at the ankle grasps it and the splint together, still continuing to draw. The person who puts on the bandage now passes it two or three times round the foot, across the instep, upon which it is to be carefully tacked through all the turns. This done, the bandage is passed over the splint, and round the ankle two or three times, then again down under the sole of the foot into the fork of the splint, across the instep, round the ankle again, over the instep, under the foot and the fork of the splint, and again round the ankle, so that in this way the bandage forms a figure of eight from the leg to the foot, the crossing of which is on the front of the ankle. Great care is required in putting on this part of the bandage, as upon it rests the whole scheme of the treatment which consists in preventing the lower end of the broken bone being pulled up over the upper end. The

kar ek shaḥks jism ko sídhá thán̄be, aur ek shaḥks ṭakhnā pakṛe, wuh tāng ko áhiste áhiste níche ko khínchē jaise erí sahári játí hai, aur ungliyán úpar ko hotí hain aur khínchí jáwe jab tak ki talwā us tāng ká achchīhe pānw ke talwe ke hamwár ho jáwe. Mazrúb taraf se bánh ko zará chhátí kí taraf sarkáwe aur ek gaddí baghal men rakkhe, aur us gaddí ke bich men upar ká sirá gaddí lagáí huí splint ká áhiste áhiste pahuncháwe, aur us jagah ek pat̄tī se jo pahle splint par liptí huí thí dáb dewe aur báhar kí taraf se bándh dewe, aur lambe sire us pat̄tī ke áge aur píchhe chhátí ke lákar aur sámhné kí taraf ek sire par guzarkar úpar splint ke bándhe jáwen; aur ek dúsri pat̄tī usí tarah gird kúle ke lapeṭkar báhar kí taraf splint ke bándh dí jáwe. Túte hue užv ko splint ke sáth bazariā roller ke ki chár inch chaurá aur qarib solah gaz lambá aur chhah chhah gaz ká lagá huá ho bándhá jáwe. Awwal báhar kí taraf se wuh užv áhiste áhiste splint ke pás láyá jáwe, aur ṭakhné ko darmiyán surákh ke ki pahlá kiyá gayá hai khúb áte hue kar ke us užv aur splint ko milákar jáng par háth rakhkar khúb mazbút pakṛe, ek háth túte hue užv ke úpar aur dúsra níche howe, aur dúsra ádmí tāng ko pakṛe aur us tāng aur splint ko níche ghuṭne ke thán̄be, aur ek ádmí ṭakhné ko khínch kar us ṭakhné ko splint se miláwe, aur barábar khínchta rahe. Aur jo shaḥlis ki pat̄tī ko bándhe usko cháhiye ki do tīn pher us ke pusht qadam se gird pānw ke dewe aur bād sab lapeṭ us kí baahtiyát tamám lapeṭ jáwen. Yih karke ek roller gird splint aur ṭakhné ke do yá tīn martabe lapeṭe, bādhú pānw ke talwe ke níche se splint ke kánṭe men se us ko guzáré aur úpar pusht qadam ke aur gird ṭakhné ke lejákar yih us pusht qadam par se pānw ke níche lejákar us splint ke kánṭe men se nikálkar phir ṭakhné ke gird lejáwe is tarah ki us pat̄tī kí bandish bashakal hindse áh angrezí ke tāng se pānw tak ho jáwe aur sámhné ṭakhné ke taqáta kare. Is pat̄tī ke bándhne men bahut ahtiyát karní lázim hai, isliye ki isí par kul tadbír ıláj kí mauquf hai: cháhiye ki níche ká sirá túti huí haddí ká upar ke sire par na khínchá jáwe. Úpar ká sirá splint ká baghal par sahárkar qáim kiyá jáwe aur aisí bát men ziyádá tawajjah kí jáwe ki pānw aur ṭakhné us ke níche ke sire par khínchkar miláyá jáwe aur is tarah se níche ká sirá túte hue sirá ustakhwán shikasta ká uske úpar ke sire ke barábar rakkha jáwe. Aur jab yih bandish ho chuke to sirf is qadar aur kám báqí rah játá hai ki tāng aur jáng splint se is taur se bándhí jáwe ki roller ko us užv aur splint

top end of the splint resting in the arm-pit being there fixed, the intention is to keep the foot and ankle fast to its lower end, and thus preserve the position of the lower end of the broken end of the broken bone against its upper end. When this has been done, it only remains to bind the leg and thigh to the splint, by carrying the roller up again and again over the limb and splint, each succeeding turn of the roller slightly overlapping the foregoing one, till the hip be reached, and then three or four turns are made round the splint and hips, and the finish put to the whole by tacking the bandage firmly together. The limb is now gently laid down upon the mattress with the toes upwards, and to prevent the foot lolling to either side, which would disturb the position of the broken bone, a bandage should be passed once or twice round the ankle, its ends crossed upon the instep, passed once or twice round the foot, tied on the instep, and then its ends fastened one to each of the sides of the bed. This bandage if properly applied will not require to be reapplied for a fortnight or three weeks. Sometimes it happens that for the first few days after the broken limb has been set, there will be spasm in the thigh, which pulls up the lower broken end over the upper, and by thrusting its sharp points into the soft parts keeps up the spasm. When this takes place, it must be prevented by weighting the foot sufficiently, which is easily done by passing a bandage once or twice round the ankle, bringing its ends across the instep to the sole of the foot, and slinging a brick or a seven-pound weight which must hang over the bed foot, to which a bit of board about inches high should be screwed, so as to form a pulley on which the bandage may run and play. Generally, the need for the weight ceases after three or four days, the muscles having then become tired.

TO USE FOUR SPLINTS.

Question.—When should a broken thigh be set with four splints ?

Answer.—If the accident happen at sea, or the person have to be moved from place to place, and liable to be shaken.

Q.—How do you apply the four thigh splints?

A.—The principal splint is the outer one, which must be of the same length, and be fastened to the body, and to the foot and the

ko lapeṭ diyá jáwe, har ek lapeṭ se pahlá lapeṭ thorá thorá dabitá jáwe jab tak ki bandish kúle tak pahunche, badhú tín chár splint aur kúle par lagae jáwen aur ákhir-ul-amar paṭṭí ko mazbút tānk dewen. Uzv ko áhiste áhiste gadele par ungliyán pánw kí upar karke rakkhi jáwen, aur pánw ko kisí taraf jumbish na hone páwe, taki mauqá túsi huí hadd lí ke men kuchh harj wáqá na howe bádhú ek paṭṭí se ek do lapeṭ dekar taḳhne par bándhe, uske sire bamuqám pusht pá taqáta karte hue ek do martabe gird pánw ke lipat jáwen aur níche se pusht par lákar un men girah lagái jáwen aur bádhú us ke donoñ sire ek ek taraf chárpaí ke bándh diye jáwen. Agar yih bándish khúb bándhí jáwe to do hafte se pahle tak uskí phir kholkar bándhne kí zarúrat na hogí. Báz auqát aisá ittifáq ho játā hai, ki bád jorñe túte hue uzv ke awwal ke chand roz tak basabab sarak jáne níche túte hue sire ke úpar ke sire par jáng men chabak rahtí hai, kyunki us ke tez kináre muláyam azáe men chubte hain. Jab ki is taur se chabak láhaq howe to us ko is tarah rafā kiyá jáwe ki pánw par jis qadar kásí ho bojh diyá jáwe, aur us kí tarkib yih hai ki ek lapeṭ yá do lapeṭ paṭṭí kí taḳhne ke gird dekar aur us kí pusht qadam ke úpar sc pánw ke talwe par lákar ek pech yá ek báñt bawazan sáti pound yane sáre tín ser us men chárpaí ke páye se laṭkáyá jáwe aur us páye par ek tukrá taḳhne ká taḳhminan ek inch únchá pech ke zariyah se jar diyá jáwe goyá ki ek charkhí kí súrat bánaue ki jis par wuh paṭṭí phirtí rahe. Bojh laṭkáne kí zarúrat tín chár róz bád mauqúf ho játī hai jab ki paṭṭhe darmánde ho játe hain.

CHÁR SPLINT KE ISTAMÁL KÍ TARKIB.

Sawál.—Túti huí jáng kí bandish chár splint se kis súrat men kí jáwe.

Jawáb.—Agar kisí shaḥhs kí táng shor daryá ke safar men tút jáwe, yá wuh shaḥhs ek muqám se dúsre muqám ko harkat kiya cháhe aur wuh láiq harkat pahunchné ke ho.

S.—Chár splint wahán par kyunkar lagate hain?

J.—Báhar ká splint bará splint mutsawwar hotá hai, wuh splint túl men us qadar hotá hai ki cháhiye ki mutábiq hidáyat mundarje

ankle in the manner already mentioned, but the whole limb is not to be bandaged up till the other splints are put on. One splint should be put on the inside of the limb which must reach from the fork of the thighs, to an inch below the inside of the sole of the foot, with a round hole cut in it to receive the inside of the ankle. Its upper end should be tied first with a handkerchief round the upper part of the thigh, to keep it steady, and afterwards the lower end fastened to the ankle and foot, and to the outer splint, with the roller which had already begun to be used. Another splint should now be put at the back of the limb just where the buttock joins the top of the thigh, to about two inches above the heel, and this lower end of the splint should be hollowed out a little so as not to dig into the skin. Two or three turns of the roller will steady this, and then the last splint must be put on in front. This front splint must reach from about an inch below the crease which separates the bottom of the belly from the top of the thigh, to an inch above the bend of the ankle. At the part where this splint will be upon the knee-cap, three or four incisions must be made across it about half an inch apart, and nearly through its thickness, so that the splint will bow here, otherwise the pressure it makes upon the knee-cap will be unbearable. This splint having now been put on the front of the limb, the roller is to be continued round, and ran up to the top of the thigh, covering all four splints at the same time. In this way the limb will be enclosed in a long box, and it is hardly possible without violence to displace it. Great care must be taken to inquire constantly during the progress of the cure whether the splints pinch or wring any particular part; the ankles are most commonly the parts so annoyed. Whenever the person complains of this, the bandage should be cut through a little above or below, and several turns of it having been taken off, some lint or other padding must be gently pushed in to relieve it, and then the roller replaced, and carefully sewed together where it had been cut through. It will be necessary that either of these splints should be continued for at least six weeks; and if, at the end of that time, on taking the splints off, the person cannot raise his leg a little clear of the bed, and, more especially, if the thigh be noticed to bend at the broken part, the union is not perfect, and they must be put on again, for three or four weeks more; but this is not often

bálá ke jism par aur pánw par aur ṭákhné par bándhá jáwe, magar sáre už par bandish nahín kí jáwe jab tak ki báqí ke splint na lagáe jáwen. Ek splint andar kí taraf už ke lagáyá jáwe, aur jáng ke jangáse ke andar kí taraf talwe pánw se ek inch níche tak pahunche us men ek gol surákh kiyá jáwe taki ṭakhná us men á jáwe. Us ká úpar ká sirá awwal rúmál se ás pás úpar ke sire jáng ke bándhá jáwe, taki wuh sídhá qáim rahe; aur bád us ke níche ká sirá ṭakhná men aur pánw men aur báhar ke splint men bazariah roller jisse bandish karní shurú kí ho bándhá jáwe. Ek splint aur už ke píchhe jis muqám par ki surín aur jáng ká joṛ wáqá hai erí ke do inch úpar tak lagáyá jáwe, aur níche ká sirá splint ká zará khálí kar liyá jáwe, taki jism ke post men na chubhe. Do tím lapeṭ roller ke dekar us ko mazbút kar diyá jáwe, aur phir ákhir ká splint sámhne kí taraf bándhá jáwe. Yih splint sámhne ká ek inch níche shikam se ki darmiyán pendí shikam bích sire jáng ke wáqá hai ek inch úpar tak ṭakhna ke khám ke pahunche. Jis muqám par ki yih splint ghuṭne kí chapní par Howe tím chár lapeṭ us jagah ádh inch ke fásle se qaríb us kí moṭí tak pahunčáwen taki splint us jagah khám khá jáwe, warne jo splint kí bandish se ghuṭne kí chapní par dabáo paṛegá us ká gawárá karná mushkil hogá. Jab yih splint sámhne kí taraf už ke bandh chuke ek roller gird us ke lapeṭkar jáng ke sire tak pahunčáyá jáwe cháron splint ko barábar lapeṭtā chalá jáwe. Is tarah se wuh už goyá ek lambe sandúq men mahsúr ho jáwegá, aur bidún zabardastí aur chírne ke uská ılahdah karná dushwár ho jáwegá. Is amar men ziyádah ihtiyát karní cháhiye ki is maáljalí kí támíl men maríz se hamesha daryáft kar liyá jáwe ki splint kisí khús muqám par jism men chubhe yá us men kashish kare; is qism kí taklíf aksar ṭakhná par huá kartí hai. Jab ki maríz is amar kí shikáyat kare, cháhiye ki bandish zará úpar yá níche ko kát dí jáwe, aur us kí lapeṭ nikál kar kuchh lint kaprá yá aur qism kí gaddí áhiste áhiste us ke andar wáste taskín taklíf ke ghusá dí jáwe, aur bád us ke roller phir bándh diyá jáwe, aur us ko jahán jahán se kátá gayá hai phir ikháttá sí diyá jáwe. Yih bát zarúr hai ki in splint men se koí sá splint kam se kam chhah hafte tak bandhá rahe; agar is arse ke ákhir men barwaqt kholne splint ke wuh shakhs chárpái se ılahdah apní táng ko zará bhí úthá na sake, aur khasúsan jáng us muqám se jahán tút gai thí khám khátí malúm ho, to jáná cháhiye ki joṛ khúb nahín milá,

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needed. Sometimes, though rarely, this straight posture cannot be borne, and it is necessary to place the limb, with the knee joint bent, over a double inclined plane.

Q.—How is the double inclined plane made?

A.—It consists of two boards half an inch thick, and two feet wide; one should reach from the sitting bone to the ham, and the other from the ham to an inch below the heel. They are then to be joined endways in such a manner as to form an angle, the ridge of which should be about six inches above the other ends of the boards, and prevented splaying by one or two braces at bottom. Some pegs are usually dropped into holes on each side of the broken limb, to prevent it slipping about. The broken thigh is now to be brought close to the sound one, and the knees and ankles having been tied with handkerchiefs, the knees are to be gently bent, the heels a little raised, and the inclined plane entirely covered with a large pad, six or eight folds of blanket thick, carefully pushed beneath them, which done, the limbs are gently dropped upon the plane. The further bandaging may be either simply tying the knees and ankles together with a pad between them as already described, or three short splints may be put on an outer one, extending from the top of the outside of the thigh to the outside of the knee; an inner one, from the fork of the thighs to the inside of the knee; and a front one, from a little below the crease of the groin to a little about the knee-cap. Three bandages or straps, guarded with a pad each, must be gently pushed beneath the thigh, where the pads are to be left to prevent cutting; and these ends of the bandages being brought out on the opposite side of the broken thigh, or tied each to its other end over the splints at the upper, lower, and middle parts of the thigh, as tightly as can be borne without pain.

BROKEN KNEE-CAP.

Question.—How does this accident usually occur ?

Answer.—Sometimes by falling upon it, but more frequently by the effort made to prevent falling, in making a false step on the

us súrat men tím chár hafte tak phir bándhí jáwe, magar aksar aisí zarúrat nahín huá kartí hai. Báz auqát agarche yih bát bahut sház hai ki aisí kají bandish maríz se sahárí nahín játí, us súrat men rakhná užv shikastá ká ghuṭne ke joṛ ko ḱham dekar us ke sáth úpar dhalwán̄ satah kí súrat musallis par rakkhá jáwe.

S.—Wuh dhalwán̄ satah bashakal musallis kyunkar bantá hai?

J.—Us men do takhte ádh ádh inch mote aur do do foot chauré lage hain, ek to joṛí huí haddí se rán tak, aur dúsra rán se ek inch níche tak erí ke. Bād us ke un ko sire kí taraf se aisá miláte hain ki ck záwiya ban játá hai, usí kí nok un taḳhton̄ ke aur siron se chhah inch úpar howe, aur níche do tím bandish lagákar usko sarakne se báz rakkhá jáwe, donon̄ taraf se tūṭe hue užv kí chand khún̄tiyán̄ banákar surákhon̄ men ghusá dí jáwen̄ har ek tūṭe hue užv ke, taki us ko jumbish ná hone páwe. Bād us ke tūṭí huí jáng salim jáng ke pás lái jáwe aur ghuṭna aur taḳhnōn̄ ko rúmál se bándhkar ghuṭnon̄ ko áhisté áhisté jhuká dewe, aur erion̄ ko zará uthá de, aur us sáre dhalwáns satah par baṛí gaddí chhah yá áth tah kambal kí lagákar baahtiyát níche un ke sarkáí jáwe, yih karke azá ko áhisté áhisté satah par rakkhá jáwe. Bādhú sirif is taur bandish kí jáwe ki ghuṭna aur taḳhna ko ek sáth unke bích men gaddí hasb hidáyet mazkúra bálá ghusákar báudh diyá jáwe, yá tím chhoṭe splint báhar kí jáng ke sire se báhar kí taraf ghuṭne tak, aur andar ká splint jáng ke jangáse ghuṭne ke andar tak aur áge ká splint jangáse kí shikan ke zará níche sē ghuṭne kí chapní ke zará úpar tak bándhá jáwe. Tím pat̄tiyán̄ yá tasma gaddí lagí huí áhisté áhisté jáng ke andar jis muqám par wáste dafatan̄ kaṭ jáne jism ke gaddí lagáte hain ghusáí jáwen̄, aur un ke sire tūṭí huí jáng ke sámhne nikálkar ek ek sirá apne dúsre sire ke sáth splint par úpar kí taraf aur níche kí taraf aur bích men jáng ke is qadar khainchkar bándhe jáwen̄, jis qadar khincháo bilá wáqa hone taklís ke gawára kiyá jáwe.

BAYÁN TÚT JÁNE HADDÍ CHAPNÍ GHUṬNA

Sawál.—Aksar yih zarab kyunkar á játí hai?

Jawáb.—Báz auqát basabab ghuṭna ke bal girne se, magar aksar auqát bawaqt koshish karne sambhalne men beqáidah pair parne

stairs or in slipping off a foot-path : and immediately it is thus produced, the person drops like a shot, and when lifted up cannot stand on the limb of which the knee-cap is broken.

Q.—What are the signs in such an accident ?

A.—When after such a fall or slip, the person is incapable of bearing on that limb, and neither thigh nor leg be broken, and the movements of the hip, knee, and ankle are undisturbed, the knee is to be carefully looked at and felt. If this be done very soon after, and before much swelling comes on, there will be found, instead of the cap of the knee, a pit on the front of the joint about an inch and a half long into which the fingers immediately drop with the least pressure, above and below which will be found a bone, neither of which is so large as the knee-cap of the sound side, and which are much more moveable than it. These are, in fact, the two pieces, into which the bone is generally broken.

Q.—What is the proper treatment to be followed in such accidents ?

A.—The person must be put on his back in bed, with his head and body raised, so as to be in a half sitting posture. The thigh and leg are to be kept in the same straight line, and the foot and leg raised as high as can be conveniently borne, so that the whole limb bend upon the body at the hip joint. In this posture he is to be kept by a short sling, the upper part of which passes round his neck, and the lower round his foot and heel. In this way only can the broken pieces of bone be brought at all near together, for the muscles of the thigh pull up the upper piece and prevent it being drawn down, whilst the lower piece is so fixed to the shin bone, that it cannot move without moving that bone. The upper end of the bone is therefore left alone; but by bending the limb on the belly, the lower piece is brought up to or near it, and there kept by the sling. After the swelling, which is often very great, has gone down, generally at the end of a week, it is the common practice to put on one circular strap, or two or three turns of a roller upon the thigh immediately above where the upper piece of bone is felt, and sufficiently tight to prevent it slipping under. Another circular strap or roller is put in like manner upon the leg directly beneath the lower end. A couple of handkerchiefs tied

zíne par se yá phisal parne pair ke pagdandí par se chapní tüt játí hai; jab ki chapní tüt jáwe to wuh shakhs is tarah gir partá hai jaise kisí ke golí lagí ho, aur jab us ko utháyá jáwe to us ghuṭne se jis kí chapní tüt gaí ho khará nahín ho saktá hai.

S.—Chapní tütne ke ásár kyá hain?

J.—Jab ki bäd isí tarah gir parne yá phisal parne ke wuh shakhs us ghuṭne par sahárá dene qabil na howe, aur jáng aur táng na tüté aur harkat kúle aur ghuṭne aur ṭakhne kí men kuchh qabáhat wáqa na howe, to us súrat men ghuṭne ko dekhá jáwe aur ṭatolá jáwe. Agar filfaur aisá kiyá jáwe aur jab tak ki waram ziyádah na howe to bajái chapní ke us jagah joṛ ke sámhne derh inch lambá ghár malum hogá us men unglí bilá dabao kisí nau ke utar jáwegí, uske úpar aur níche ek haddí malum hogí, us men se koí haddí aisí barí hogí jaise ki salim pánw kí chapní hai, aur wuh ziyádah mutharrik malum hogí. Yih hí donon makhsús ṭukre hain jin ke bich men haddí aksar tüt játí hai.

S.—Aisí súrat men kyá maáljah karná munásib hai?

J.—Wuh shakhs píth ke bal se chárpaí par litáyá jáwe aur us ká sir aur jism zará únchá rakkha jáwe ki ádhá baithá malum howe. Jáng aur táng ek hí khat-i-mustaqím men rakkhe jáwen, aur pánw aur táng is qadar únche útháe jáwen jis qadar útháne men taklíf malum na howe, is taur se ki sári táng jism par bamuqám joṛ kúle ke khám kháwe. Is súrat se jism ko bazariḥ chhoṭe himáil ke rakkha jáwe, upar ká sirá gird gardan ke, aur níche ká sirá gird pánw aur erí ke guzará jáwe, sirif isí taur se párah háe ustakhwán shikaste jamá ho játe hain, jáng ke puṭṭhe úpar kí taraf khíñchte hain, aur us ko níche kí taraf khíñchne se báz rakhte hain, aur níche ká ṭukrā haddí ká pindlí kí haddí men aisá qáim hai ki bilá harkat dene us haddí ke us ko harkat nahín hotí. Is wáste úpar ká sirá haddí ká badastúr pará rahe, lekin jhukáne se us uzy ko úpar peṭ ke níche ká sirá us ke pás láyá jáwe, aur us jagah himáil men rakh diyá jáwe. Jab ki waram jo ziyádah baze auqát ho játá hai aur aksar arse ek hafte men rafá ho játá hai, to ám dastúr yih hai ki ek mudawwar tasma yá do tín pech roller ke jáng par us muqám se zará upar jahán úpar ká sirá haddí ká malum hotá hai bándhe jáwen, aur is qadar khíñch diye jáwen ki phisal parne se mahsúz rahe, aur ek dúsra mudawwar tasma yá roller usí tarah se táng par durustí se

round these parts will answer the same purpose. These two circular bandages are now brought together, the upper one drawing down with it the upper piece of bone a little, by tapes, one from the other, and tied on each side of the knee. This posture and bandaging requires to be kept up about a month, when it may be removed. When the person first gets up, he is not very well able to bend his knee, which he finds very weak, his leg unable to support his weight, and that it cannot be thrown forward with steadiness and safety in stepping forwards.

Q.—What is the reason of this unsteadiness ?

A.—It arises from the substance by which the broken bone is united, stretching, and if this stretching be great, as it occasionally is to several inches, he becomes quite lame and incapable of standing in consequence of the muscles which brace the leg to the thigh becoming lax by the lengthening of the new substance, allowing the upper part of the knee-cap to which they are fixed to rise above its proper place.

Q.—How is this laxity of the muscles to be overcome ?

A.—The person must sit upon a high table with his leg hanging over just clear of the knee, and then must swing it backwards and forwards till he can raise it straight with his thigh. When able to do this he must fasten a pound or two-pound weight to his foot and proceed as before. After which the weight is to be increased once or twice. Ten days or a fortnight's practice in this way will put the muscles to rights, enable them to brace the knee properly, keep it straight to support the body, and also throw the leg forward so as to render the person capable of walking safely.

BROKEN LEG.

Question.—How would you treat a broken leg ?

Answer.—It is better to wait four or five days after the accident to allow any swelling to subside before splints are applied. During this time, the leg should be laid on its outside, upon a pillow with the toes and a little raised by a pad placed beneath the outside of the foot near the little toe, and the knee should be half bent,

níche ke sire par lapetá jáwe, yá do rúmál in azá ke gird lapeſe jáwen to un se bhí kám chal jáwegá. Yih donon mudawwar bandishen bazariah fíte ke pás pás láí jáwen, upar kí bandish se úpar ká sirá haddí ká zará níche ko jhuk jáwegá, aur har taraf ghuṭne ke bándh diye jáwen. Yih waza aur bandishen qaríb ek mahíne tak qáim rahan, aur bád ek máh khol diye jáwen. Jab ki wuh shakhs awwal uṭhtá hai to apne ghuṭne ko baikhúbí jhuká nahín saktá, wuh ghuṭná us ko bahut kamzor malum hotá hai, aur uskí táng us ká bojh sahárne kí qábil nahín hotí, aur baistihkám áge nahín rakkhí játí, aur baitmínán qadam áge nahín barháyá játá.

S.—Is beqaimí kí wajjah kyá hai?

J.—Basabab phail jáne us medeh ke ki jis se ustakhwán shikasta juṛ játí hai, aur agar yih phailáo ziyádah ho jisse aksar kaí inch tak ho játá hai, tab wuh shakhs bilkul langrá ho játá hai, khare hone ki qábil nahín rahtá, is wáste ki jin puṭṭhon se táng jáng ke-sáth khinchí huí hai basabab phail jáne medeh ke dhíle ho játé hain, aur uṭhne men̄ jhat úpar ká hissá chapní ká jis men̄ ki weh puṭṭhe lage hue hain māmúlí jagah se ziyádah úth játá hai.

S.—Dhílá honá puṭṭhon ká kyunkar ras̄a kiyá jáwe?

J.—Us shakhs ko cháhiye ki buland taḥt par baiṭhe, aur apni táng ghuṭne se ilahdah níche laṭká de, aur áge aur píchhe kí taraf us ko harkat detá rahe jab tak kí us ko jáng ke sáth sídhá na uṭhá sake; jaisá ki aisá karne qábil ho jáwe us waqt ádh ser yá ser bhar bojh apne páñw men̄ bándh lewe aur badastúr sábiq phir harkat dená shurú kare; phir us wazan ko ek do martaba ziyádah kar lewe. Das pandrah din tak aisá karne se us ke puṭṭhe durúst ho jáwenge aur ghuṭne kí bandish un se khúb ho jáwegí aur sídhe hokar qábil sahárne jism ke ho jáwenge, aur táng áge phailne lage aur wuh shakhs baitmínán chalne lagegá.

BAYÁN TÚTÍ HUÍ TÁNG KA.

Sawál.—Tútí huí táng ká kyá iláj kiyá jáwe?

Jawáb.—Munásib yih hai ki chár páñch roz tak yá kam hone warm ke wáste bándhne splint ke intizár kiyá jáwe. Is arsa men̄ táng báhar kí taraf se ek takiya par rakkhí jáwe, aur ek gaddí báhar páñw kí unglion ke ki jis se chhotí unglí zará uṭhí rahan níche báhar kí taraf páñw ke pás chhotí unglion ke lagá den, aur ghuṭne

Before putting on the roller, the foot and the leg must be wrapped smoothly in a double fold of lint, otherwise the bandage, wet with a thick solution of gum, will stick to the hairs, and there will be much difficulty in getting the roller off afterwards. This done, the leg must be gently raised, and supported by two persons, one of whom holds it above the broken part, and the other below, with one hand around the ankle, by which a little pull is to be made, so as to prevent the broken ends of the bone overlapping. The roller is then to be put on, turning it first round the middle of the foot, and continuing it over the instep and heel on to the leg and up to the knee, taking care that each turn of the roller half covers the one just made. Having reached the knee, the roller must be turned round the leg in the same way downwards to the middle of the foot, and again upwards to the knee, and there left. The limb is then laid down on its outside upon a smooth pillow as before, and the front of the foot supported to such height, that the tip of the great toe and the knee-cap are on the same level. Care also must be taken that the leg should be put as nearly as possible in the same direction, as it would lie if it were unbroken. In course of twenty-four or thirty-six hours the roller will have dried, and a firm close fitting case is formed, in which the leg will be immovable. When the bandage is hard and firm, usually about the third day, the person may get up and move about. Sometimes it may be necessary to take the bandage off and re-roll it, if it pinch anywhere, or if, by shrinking of the soft parts, it get very loose, but usually it does not require to be meddled with till the end of the month, when it may be entirely removed. If splints be used, two are required, three or four fingers in width, according to the size of the leg, and reaching from the knee to the sole of the foot, each having a circular hole cut out where they will rest against the ankle. The splints having been thickly padded, the leg, placed as already directed with the knee bent, is to be gently raised, and one splint slipped beneath it along the outside of the leg; the other is laid upon the inside, and then both are fixed by winding a roller around them from the foot to the knee. The leg resting on the outside with the knee bent, is generally the best and the easiest position. Sometimes the broken ends of the bones will not drop into their proper place, or will not

ko ádhá ḱham diyá jáwe. Qabl az lagáne roller ke pánw aur tāng par safáí se dohrá kaprá lint ká lapeṭá jáwe, warna pattí ko gáhe solution gond men tar karke bándhí jáwen, jo ki bálon par chipat jāwegí, aur roller ke iláhda karne men barí diqqat hogí. Aisákarke tāng ko zará úñchá uṭhayá jáwe, aur do ádmí usko tháñbe rahan, ek tau ádmí túte hue muqám se úpar pakre, aur dúsra níche se, aur ek hāth apná ás pás ṭakhne ke rakkhe, aur use zará khenchtá rahe, taki túte hue sire haddí ke lipat na jáwen. Bādhú roller bándhá jáwe, awwal usko pánw ke ás pás bich men lapeṭkar pusht qadam aur erí tak tāng men aur ghuṭna tak lapeṭá jáwe, magar yih ihtiyát rahe ki har lapeṭ se pahlá lapeṭ nisf dabantá rahe. Ghuṭna tak pahunčhákar roller tāng ke gird usí taur se níche kí taraf pánw ke bich tak lapeṭá jáwe, aur phir úpar ghuṭna tak lapeṭkar chhor diyá jáwe. Uzv ko báhar kí taraf sáf takiya par pahlí dasa ke muwáfiq rakkhe, aur pánw sámhne se aisí bulandí par sahárá jáwe ki pánw ke angúthe kí nok aur ghuṭne kí chapní ek ḱhat men hamwár ho jáwen; aur yih ihtiyát rahe ki tāng hatt-ul-imkán qarib qarib is waza se rakkhí jáwe ki jaisc us súrat men rahe jab us men kuchh zarab na pahunčhí ho. Chaubís yá chhabbis ghante men roller ḱhushk ho jāwegá, aur ek mazbút tāng khána sá ban-jāwegá ki jis men tārg ko jumbish na ho sakegí. Jabkí bandish sakht aur mazbút howe, aksar tísre roz us shakhs ko cháhiye ki uṭhe aur chale phire. Báz auqát zarúrat kholne roller kí aur uske phir bándhne kí ho játí hai, jab ki kahín bhinč jáwe yá hat jáwe azái muláyam se, yá lapeṭ dhílā ho jáwe, magar aksar ek mahíne ke ákhír tak uske chherne kí altiyáj nahín hogí; bād ek mahíne ke usko bilkul khol dálte hain. Agar istamál splint ká kiyá jáwe to do splint cháhiyen ki tín yá chahár ungal chauṭe mutábiq túl ke hon, aur ghuṭne se pánw ke talwe tak pahunčen, har ek ek gol surákh katá howe, ki jahán se splint ṭakhne par saháre jáwen. Splint par motí gaddí lagákar aur tāng hasb lidáyat maz-kúrah bálá ghuṭne ko ḱham dekar rakkhí jáwe, aur usko zará úñchá uṭhayá jáwe, aur dúsra splint andar kí taraf lagáyá jáwe, aur uske bād pánw se ghuṭne tak roll bándhkar donoñ ko khench diyá jáwe. Tāng ko báhar kí taraf aur sahárá dekar ghuṭne ko jhuka huá rakkhe, aksar bahut bahtar aur árámbakhsh waza tajwíz huí hai, báz auqát túte hue sire haddí ke apní apní jái munásib men nahín wasl hote hain, aur yá is tarah tāng ko rakhne se us muqám par qáyam

so remain when the leg is thus laid. It then becomes necessary to put the limb straight and resting on the heel; and if there be still any disposition in the broken ends of the bone to stick up, it will be necessary to weight the foot, as directed in the treatment of broken thigh, for a few days, till the disposition of the muscles to drag up the lower part of the bone ceases.

ON BROKEN TOES.

Question.—What usually takes place when the toes are broken ?

Answer.—Toes are rarely broken without severe injury of the soft parts, and excepting in the first joints of the great toe, and that next to it, can only be discovered with difficulty.

Q.—What is the treatment to be followed in such an accident ?

A.—A piece of thick paste-board may be placed on the under surface of the toe, and fastened to it with a few turns of a narrow roller, the patient being kept quiet on his bed or sofa.

COMPOUND FRACTURES.

Question.—What is meant by a compound fracture ?

Answer.—Broken bones, with wounds of the soft parts running down to them.

Q.—Are accidents of this nature considered dangerous ?

A.—Yes, and they are serious in proportion to the size of the wound, and the tearing and bruising of the soft parts. A compound fracture is most dangerous when a joint is involved in it. It is more serious in the lower than in the upper limbs, is more to be dreaded in the thigh than in the leg, and more in the arm above the elbow than below it.

Q.—What is the treatment to be adopted in such cases ?

A.—The great object is to make the accident a simple fracture by healing the wound as quickly as possible, which in the thigh

nahín rahte. Us súrat men zarúr partá hai ki us uzv ko sídhá rak-khá jáwe, aur erí par sahárá diyá jáwe; agar phir bhí tûte hue sire haddí ke thikána na baithen, tau us hálat men zarúr hai ki hasb hidáyat mundarjah maáljah jáng shikasta pánw par chand roz tak bojh bándhá jáwe, jab ki ek mílán puṭṭha darbáb khinchne níche ke sire haddion ke mauqúf na ho jáwe.

BYĀN TÚT JÁNE UNGLÍ PÁNW KÁ.

Sawál.—Jab pánw kí unglí tút jáwe us súrat men kyá hál hotá hai?

Jawáb.—Jab tak ki pánw ke muláyam ázá men zarab na pahunche tab tak unglí nahín túttí, aur angúthe ke pahle joṛ aur wuh joṛ ki us ke muttasil hotá hai us ke siwá patthá us zarab ká badushwári málum hotá hai.

S.—Aisí zarab ke pahunchne men kyá iláj kiyá jáwe?

J.—Ek tukrá motí waslí ká unglí ke andar ke satah par lagáyá jáwe, aur kamchaurí roller ke chand lapeṭ dekar us men bándh diyá jáwe. Aur bímár ko behis aur harkat chárpái yá takhtposh par rakkhá jáwe.

BAYĀN TÚT JÁNE HARDO HADDÍ YANE MURĀKKAB KÁ.

Sawál.—Shikastagí murakkab kis ko kahte hain?

Jawáb.—Jab donoṇ haddí tút jáwen aur naram azá men us jagah tak zaḥhm ho jáwe.

S.—Is qism kí zarbeṇ kuchh ḡhatarnák hotí hain?

J.—Filwáqa jis qadar bará zaḥhm ho jáwe aur azái naram phat jáwen yá pis jáwen us qadar ziyádah ḡhatarnák hotí hai, shikastagí murakkab us súrat men ziyádah ḡhatarnák hotí hai, jab koí muſásil us men á játá hai, wáqa honá shikastagí murakkab ká úpar ke uzv men nisbat níche ke uzv ke ziyádah ḡhatarnák hai, jáng banisbat táng ke, kohní se úpar ke háth men nisbat kohní se níche ke háth men aisí zarab pahunchne se ziyádah ḡhauf karná cháhiye.

S.—Aisí súrat men kyá iláj kiyá jáwe?

J.—Barí murád yih hai ki shikastagí murakkab ko jis qadar jald mumkin ho zaḥhm ko indamál karke ki jáng kí súrat men

especially is very difficult. In all cases it must be at first attempted to unite the edges of the wound by bringing them lightly together with strips of sticking plaster, and the limb should be covered with a light cold wet linen cloth, which must be repeatedly moistened by squeezing a wet sponge over it or by sprinkling it with water, as, by evaporation, it becomes dry.

Q.—What is the object of this ?

A.—To regulate the inflammation which generally ensues, and is more or less severe.

Q.—How is the evaporation kept up ?

A.—The bed clothes are kept away from the limb by putting a cradle across it, over which the sheet alone should lie, care being taken, at the same time, that the edge of the sheet should be lifted up in two or three places so that there may be a current of air, otherwise the limb will be kept in a steam bath, and damaged rather than relieved. The use of a cradle is necessary only for the thigh or leg. The arm can lie on a pillow uncovered by the bed clothes.

Q.—Describe the state the patient generally at first falls into.

A.—Three or four days after the injury, the patient begins to get fidgetty, cannot sleep, or only gets short and disturbed sleep. He soon begins to be hot and thirsty; his head aches, he becomes more restless, has one or more shivering fits, and usually becomes worse towards evening; his mind wanders, or he even becomes delirious. The wound begins to discharge at first a dirty bloody sort of matter in small quantity, which by degrees increases, and if things go on well, changes its character to that of good matter, which is free from smell, about as thick as cream, and of a straw color. With the appearance of such matter the symptoms mentioned soon subside, the fever goes off, the sleep and appetite return.

Q.—Describe the second stage.

A.—In this stage the process called granulation commences, which is the formation of new flesh to fill up the gap formed by the injury, to pass through, before the broken ends of the bone can begin to knit together. This is a very perilous stage in the cure of the accident; for persons whose health has been broken

ખાસુસાન યિહ અમાર બાહુદાર મુહાલ હૈ, હર એક સુરત મેં આવ્વાલ યિહ તાદ્બિર કી જાઓ કી બાઝારાહ ફાયે sticking plaster કે જાખમોન કે કિનારે આહિસે આહિસે મિલાએ જાવેણ, એવું શિકાસ્ત પર કાપ્રા લિને કા લાપેટા જાઓ, સ્પોંગ કો ભ્લિગોકાર એ પર મુટ્વાટિર પાની નિચોર્ટે રાહેન, જેરા કી બાસાબાદ ઉર્ને પાની કે વુહ કાપ્રા ખુશિક હોજાતા હૈ.

S.—એ ક્યા ફાઇદા મુટ્સાવ્વર હૈ?

J.—વાસ્તે ઇંડાલ સોઝિશ કે કી અસર હો જાતી હૈ એવું શિદ્દત એ કી કામ એવું બેશ્ટ હોતી રહ્તી હૈ.

S.—િક્ષ્રાજ બુખહાર કિ તરાહ જારી રાક્ખા જાઓ?

J.—ચાર્પાઈ કે કાપ્રે એ ઉવું સે ઇલાબદા રાક્ખે જાવેણ, એવું એક એડલ યાને લાક્યા કા સરપોશ રાક્હ કર વુહ ઉવું એ પર રાક્ખા જાઓ, એડલ માઝકુર પર સિરિફ એ છાદાર બિચ્છાઈ જાઓ, એવું યિહ ઇલ્લિયાત રાહે કી કિનારે એ છાદાર કે કાઈ જગા સે ઊંચે ઉથાઈ જાવેણ તાકિ હાવા હામેશા એ મેં કો આતી રાહે, વરાના વુહ ઉવું ગોયા હામ્મામ બુખહાર મેં રાહેગા, એવું બાનિસબત આરામ હોને કે જરાર પહુંચેગા, ઇસ્તામાલ એડલ કા સિરિફ વાસ્તે જાંગ એવું તાંગ કે જરૂર હૈ; હાથ એક તકિયા પર રાક્ખા રાહે, માગર કાપ્રા એ પર ના હોવે.

S.—બાયાન કરો કી આવ્વાલ બિમાર કી ક્યા હાલત હોતી હૈ?

J.—વુહ શક્ખેસ બેગરાર હોને લગતા હૈ, એ કો નિંદ નહીં આતી, એવા આતી હૈ તો ખાસીફ, એવા એવી કી એ મેં બેકાલ રહ્તા હૈ, એવા જાલાન, ગર્મિ, એવા તિશનગિ એ પર ઘાલિબ હોતી હૈ, સિર દાર હોને લગતા હૈ, ઇસ્તારાબ જિયાદાહ હોતા જાતા હૈ, એ યા જિયાદાહ મર્તાબાહ લર્જા ચાંધ આતા હૈ, એવા જીએ જીએ શામ હોતી આતી હૈ, એ કી હાલત બિગરી જાતા હૈ, એ કા દિલ બ્હાટકને લગતા હૈ, એવા બલ્કી હાલત હિસ્યાન હો જાતા હૈ, જાખમ મેં સે આવ્વાલ થોરા થોરા માઇલા જુન કિસ્મ માવાદ નિકાલને લગતા હૈ, એવા બાતાદ્રિજ જિયાદાહ હોતા જાતા હૈ, એવા એવા સુરત બિતારી કી માલુમ હો, એવા માવાદ મુબાદીલ હોતા હૈ બાસુરત અચિંધે પિબ કે, એવા બાદબુદુ એ મેં નહીં રહ્તી, એવા મિસ્લ માલાઈ કે હો જાતા હૈ, એવા રંગત એ કી મિસ્લ ગ્રાસ કે હો જાતી હૈ, એવા માવાદ કે નિકાલને સે આસાર માઝકુરા બાલા ભ્રિ રફા હો જાતે હૈન, એવા બુખહાર જાતા રહ્તા હૈ, એવા ઇસ્તહા એવું નિંદ બહાલત એસ્લી હો જાતી હૈન.

S.—દરજા દોયામ કા હાલ બાયાન કરો?

J.—એ હાલત મેં વુહ તર્કિબ શુરૂ હોતી હૈ જિસ કે ગ્રાનુલેશન યાની પાદા હોના નાયે ગોષ્ઠ કા એવું ઇન્ડામાલ હોના સુરાખ જાખમ કા જો બાસાબાદ જરાબ કે હો જાતા હૈ, એવા ઇસે કી ટુટે હુએ સિરે હાડ્ડિયન કે આપસ મેં વાસ્લ હોને લગેણ, એવા યિહ હૈ એક બાહુદાર અચિંધે હાલત માસ્લજાહ કરને મેં, એવા યિહ દરજા બાહુદાર ખાતરનાં હૈ એવું લોગોન

by intemperance, age, or any other cause, and if the injury have been to the lower limb, they most commonly die, unless the limb be cut off, and even this is a very uncertain remedy. If the constitution fail in this second stage, the feverish condition again sets in, the pulse becomes quick and weak, the countenance flushed with pink, alternate heat and violent perspiration, general wasting of the body, loss of appetite, dry brown tongue, restlessness, soon followed by delirium and death.

Q.—Directly the constitutional disturbance begins what should you do ?

A.—Poultice the wound, to encourage the formation of matter, as its appearance and production of a good sort, is, as has been mentioned, a very favorable symptom; the poultice must be continued until the wound is nearly or entirely healed.

Q.—Describe the medical treatment to be followed in the two stages.

A.—In the first stage, when the inflammatory condition is accompanied with strength, it will require checking with occasional doses of calomel and tartar emetic, which, however, must be employed with great discretion, as not unfrequently, and if the case go on badly, after three or four days, the symptoms assume a typhoid character, and instead of depressing the constitution, it will require support with wine and other stimulants, or the patient sinks at once. In the second stage, the inflammatory stage is of that kind depending on exhaustion, and then at once the constitution requires to be assisted by every thing which will prop up and strengthen it, wine, brandy, and strong nourishing broth, or nourishing easily digested food must be given often in very considerable quantities.

DISLOCATIONS.

Question.—What is the meaning of a dislocation ?

Answer.—When a limb or part of a limb slips out of its socket or joint, it is said to be dislocated.

ke haq men jin kí ki umed zindagí munqata ho gaí ho, basabab zaifí umr ke, yá dígar wajah ke kamzor aur ƙharáb ho gaí ho, aur agar zarab níche ki už men pahuñche to darsúrat na kátné us už ke wuh shakhs aksar mar játá hai, aur aisi tadbír yáne kátné se kuchh iatbár sihat mutsawwar náhín. Agar tabiat is darje doyam men bigar jáwe to súrat bukhár phir gálib hotí hai, harkat nabz tez aur zaif ho játí hai, chihrah tamtamáyá huá basiyáhí mál ho játá hai, garmí aur pasíne bárí bári se láhaq ho játe hain, sárá badan dublá hotá játá hai, ishtahá rafá ho játí hai, zubán ƙhushk aur bhúrí ho játí hai, beqarárí aur us ke píchhe hiziyán láhaq hotá hai, aur bádhú maríz mar játá hai.

S.—Jis waqt ki tabiat men ƙhalal wáqá hone lage, kyá karna munásib hai?

J.—Zákhm par poultice lagáj jáwe taki paidáish píb ziyádah howe, zerá ki namúd hone aur paidá hone achchhí qism kí píb se jafsá ki úpar zikar huá, ásár nek záhir hote hain, istamál poultice ká jári rahe, jab tak ki zákhm qaríb qaríb yá bilkul indamál páwe.

S.—Kyá kyá dawá har do darje marz men istamál kí jáwen ?

J.—Awval darje men jab ki hálat sozish bahut zor ke sáth láhaq hotí hai rokná us ká kabhí kabhí bazariah istamál karne calomel aur tartar emetic ke munásib hai, magar is ke istamál men bahut hoshýári cháhiye, kái martabah istamál un ká kiyá jáwe, agar súrat maríz bád tín chár roz ke badtar hotí jáwegí, to marz ká khawás typhoid ho jáwegá, aur bajáe zauf karne tabiat ke zarúrat us kí sahárne ke bazariah istamál sharáb aur dígar mufarrah adwiyat ke ho jáwegí, warna maríz dasatan ján bahaq ho jáwegá. Darjah doyam men sozish ká martabah us qism ká hotá hai, jis se táqat záil ho játí hai, to us súrat men aisi chízoñ ke istamál se tabiat ki madad kí jáwe, ki jis se tabiat mustahkim ho jáwe, aur quwwat ziyádah ho jáwe, sharáb aur brandy, aur qawí táqat bakhsh, yá táqat bakhsh hazam hone wáli ƙhurák aksar kasrat ke sáth dí jáwe.

BAYÁN UKHAR JÁNE JORON KÁ.

Sawál.—Mufásil ká ukhařná kis ko kahte hain?

Jawáb.—Jab kí koí už yá joṛ apne khána se yá joṛ se phisal jáwe, us ko ukhařná mufásil ká kahte hain.

Q.—What joints are most apt to be dislocated ?

A.—The loose joints which admit of motion in every direction, as the shoulder and hip joints ; while those which move like a hinge, as the elbow and knee joint, are more rarely dislocated, and require an unusual degree of violence to accomplish it.

Q.—In what direction may a round headed bone be dislocated ?

A.—It may be pushed backward, forward, upward, downward, or in any part of the circumference.

Q.—How may other kind of joints be dislocated ?

A.—Backward, forward, or to either side.

Q.—How is a bone known to be dislocated ?

A.—By there being a loss of the usual motion in the joint, by the limb being altered in its length or distorted, by there being great pain in the surrounding parts, and this pain increased on motion or pressure.

Q.—What are the causes of dislocation ?

A.—They are either internal or external; the internal causes are diseases of the joint or its appendages, relaxation of the ligaments or articular cavities. A white swelling sometimes partially dislocates the knce, and scrophula the hip joint. External causes of dislocation are such as blows, falls, violent wrenches or twists.

Q.—How is a dislocation known to be reduced ?

A.—By the limb recovering its natural length, shape, and direction, and by the patient being able to perform certain motions which he could not do when the bone was out of its place. There is a great and sudden diminution of pain, and sometimes the bone is heard to give a loud crack when going into its natural position.

Q.—After a dislocated bone is reduced, is there occasion for any further trouble ?

A.—Care must be taken to prevent a recurrence of the accident, by retaining the limb steady by appropriate bandages, which should be put as far as possible from the centre of motion. To the ankle and wrist splints may sometimes be necessary. After laxation of the shoulder joint, the arm is to be kept in a sling. If there is

S.—Kaun kaun se mufásil aksar ukhar jáyá karte hain?

J.—Dhíle mufásil ki jin men har jánib ko harkat ho saktí hai, wehí aksar ukhar játe hain, maslan kandhá aur kúlá, aur wuh mufásil ki jis kí harkat misl kabze ke hotí hai, jaise ki mufásil kohní aur ghuṭna ye bahut kam ukhárte hain, aur us kám ke anjám karne men basabab māmúlí ke ziyádah zor darkár hotá hai.

S.—Gol sire kí haḍdí kis simt se ukhar játí hai?

J.—Áge, yá píchle, yá upar, yá níche kí taraf yá bích men se kisí taraf sarak játí hai.

S.—Aur mufásil kis tarah utar játe hain?

J.—Áge, yá píchle, yá donoñ taraf se.

S.—Kyuñkar daryáfst kiyá jáwe ki haḍdí ukhar gaí hai?

J.—Mufásil mazkúr men basabab māmúlí ke harkat kam ho játí hai, aur us uvwxyz ke túl men faraq par játá hai, yá us uvwxyz men kaj wáqá hotá hai, ás pás ke əzā men bahut dard hone lagtá hai, aur wuh dard dabáne yá harkat karne se ziyádah hotá hai.

S.—Sabab ukhar jáne mufásil ke kyá hain?

J.—Yá to koí sabab andrúní hotá hai yá berúní. Mufásil yá mutalaqát mufásil, dhíle hone pathe yá articular cavity ká árzá andrúní men dákhil hai, wáqá honá waram sufed ká baz auqát ghuṭna ke mufásil ko kuchh ek ukhár detá hai, aur wáqá honá kanṭhmálá ká kúle ke mufásil ko berúní sabab ukhárne mufásil ke sadma aur gir pañá aur jhaṭak yá moch shadíd mutsawwar hotí hain.

S.—Kis tarah malúm howe ki mufásil ukhřá huá durust ho gayá?

J.—Uzv kí harkat aur wasat aur simt bahálat aslí ho játí hai, aur maríz baz harkát ke bahálat ukhar jáne ustakhwán us se nahín ho saktí thi, karne lagtá hai, dard dasatan bahut kam ho játá hai, aur baze auqát jab haḍdí apne thikáne men játí hai to us men seek zor kí áwáz nikaltí hai.

S.—Jab ki ukhří huí haḍdí wasl ho játí hai, to kuchh aur bhí diqqat karne parthí hai yá nahín?

J.—Ukhří huí haḍdí thikáne baith jáwe, ahtiyát is amar kí jáwe ki phir na ukhar jáwe, isliye lázim hai ki uvwxyz ko bazariah bandish munásib, aur wuh bandish ke jis qadar sídhá qáim rakkhá jáwe, aur mumkin ko, us qadar fásile par rakkhar harkat se lagáí jáwe. Baz auqát tākhne aur kaláí men splint bándhne kí zarúrat

any appearance of inflammation or swelling taking place from the accident, or from the force employed in reduction, a cold lotion is to be kept to the place, and even leeches may be necessary, with a saline purgative.

Q.—What is the meaning of a compound dislocation ?

A.—Compound laxations are those which are attended with a wound communicating with the cavities of the injured joints.

Q.—Is there any danger attending compound laxations ?

A.—They are often attended with very great danger; the reduction must be effected as gently and as quickly as possible. The wound is to be cleared from dirt or any extraneous matter, and its lips are to be brought together by adhesive plaster. The limb is to be bound with the proper splints and bandages, and to be kept cool by refrigerant lotions, and if there is much constitutional excitement, bleeding large and general, is to be put in practice. Saline draughts and antimonial medicines must be resorted to, if febrile symptoms present themselves, and purgatives also, provided they do not subject the patient to too much motion of the injured part.

Q.—What are the signs usually of a favorable termination of the injury ?

A.—The febrile symptoms abating, and the local inflammation not running to any great extent.

Q.—What are the unfavorable signs ?

A.—Violent inflammation attacking the joint followed by suppuration, and all the dangers and symptoms of hectic fever.

DISLOCATION OF THE JAW.

Question.—What are the signs of a dislocated jaw, and how does it usually occur ?

Answer.—It mostly takes place in gaping, when the lower jaw being violently and quickly drawn down, its joint ends slip from their sockets, and the jaw becomes firmly fixed, keeping the mouth wide open. The face in consequence is lengthened considerably: the expression altered and vacant, the power of speaking lost; and any attempt at utterance producing only strange and incom-

hotí hai, ki bād utar jáne mufásil kandhe ke háth ko himail men rakkha jáwe; agar kuchh sozish yá waram basabab is sadma ke yá charháne ke waqt zor pahunchne se namúd ho áwe to thandá lotion us jagah par lagáyá jáwe, ya joñken lagáí jáwen, aur julláb namak ká liyá jáwe.

S.—Compound dislocation se kyá murád hai?

J.—Compound dislocation se murád yih hai ki mufásil ukhre hue ke surákhon tak zakhm ho jáwe.

S.—Compound dislocation men kuchh bará khatrá bhí ho játá hai?

J.—Bárhá aise māmle men bahut bará khatrá ho játá hai, jis qadar sahuliyat aur shitábí se mumkin ho; us uzv ko charhá diyá jáwe zakhm ko matlí yá dígar medeh berúní sc sáf kiyá jáwe, aur kináre zakhmón ke bazariah chipaknewále marham se miláe jáwen; uzv ko splint aur pattí hác munásib sc bándlá jáwe, aur thandá lotion lagákar us ko thandá rakkhen; agar tabiat maríz qawí ki hai to ám aur ziyádah ikehráj khún kí tadbír kí jáwe. Saline draughts yane namkín pání aur antimonial adwiyat darsúrat nañmúd hone ásár bukhár ke istamál kí jáwen aur múshil bhí diyá jáwe, is wáste ki bímár ke ukhre hue jor par ziyádah harkat na pahunche.

S.—Súrat bihtarí kí is hálat men kyá hotí hai?

J.—Alámat bukhár kam aur sozish khún bhí kam hona.

S.—Alámat raddí is marz kí kyá hotí hain?

J.—Jab ki joñ par sozish shadíd ho jáwe, aur us ke bād pakáo ho jáwe, aur khatra aur alámateñ hectic bukhár kí namúd howen.

BAYÁN JABRÉ KE UKHAR JÁNE KA'.

Sawál.—Ukhre hue jabré ke ásár aur us ke ukhañne kí māmúlí wajuhát kyá hain?

Jawáb.—Jabrá aksar jambhái lene men utar játá hai, jab kí níche ká jabrá zor se aur shítábí se níche utre us ke joñ ke sire khána men se nikal játé hain, aur jabrá qáim rah játá hai, aur munh khulá rah játá hai. Is báis se chihrah bahut lambá ho játá hai, guftgú badal játí hai, aur khálí áwáz nikaltí hai, qúwwat nátiqá játí rahtí hai, aur jo wuh shakhs bolne ká irádah kare to ajíb áwáz na

prehensible noises, and the oddest contortions of the countenance possible by the various shifts the person employs in endeavoring to make himself understood.

Q.—How is a dislocated jaw reduced ?

A.—The patient being seated on the floor, and his head resting against the operator's knees, who stands behind him, two pieces of hard wood about the same size, or the handles of two forks, are to be passed into the mouth one at each corner, and to be pressed back as far as they will go, between the back teeth on each side and there held by another person. The operator then bending over the patient, and passing his own fingers between one another so as to make a loop of both hands, places them under the chin, and pulls it up so as to close the mouth. As this is doing, the joint ends of the jaw bones are made to descend, and as soon as they reach the edge of their sockets, are pulled into place, and the dislocation is reduced. Care must be taken that the pulling up of the chin be made level, and that the pieces of wood or fork handles both retain their place, otherwise if it be unequal, or one of the forks slip, only one side of the jaw goes in, and very commonly in attempting to reduce the other, it slips out again, as this is often repeated several times to the equal vexation of the doctor and patient. When this accident occurs the first time, the jaw should be kept closed for two or three days, by passing a bandage once or twice round the top of the head and under the chin; and the person should be advised to be cautious how he laugh or yawn too widely, as when the jaw has once slipped out, it readily does so again in either of these actions.

DISLOCATION OF THE ARM INTO THE ARM-PIT.

Question.—What are the signs of a person having dislocated his arm into the arm pit ?

Answer.—He is incapable of getting his elbow close to his side or of raising it to a level with his shoulder.

Q.—How is such a dislocation commonly reduced ?

A.—The patient and the person who is to pull the arm into place both lie down on the floor side by side but in contrary direc-

samajhne qabil misl ghul ke nikalti hai, aur hatt-ul-wasa chihrah men ajab tarah ki salwat dalkar anwa anwa ki tadhir se wuh shakhs dusre ko apna mansha-i-mafhum karne men saj karti hai.

S.—Ukhre hue jabre ke charhane ke liye kyay tadbir ki jave?

J.—Mariz ko farsh par bihaya jave, aur us ka jabra charhane-wale ke ghuyna par ki wuh piche kharu howe rakkha jave, do barabar tukre sahkt lakri ke ya do kanton ke daste muh ke har ek kone men ghusae jawen, aur donon taraf pichhle danton men ko jahan tak ja saken jaane dekar ek admik ke hath men pakra dewen. Maaliy us waqt mariz ke upar jhukkar aur apni unghiyani apas men ganth lewe aisay ki donon hathon ka ek halqa banale, aur us halqa ko zer zanahkdan rakhkar aise zor se upar ko uthawe ki muh band ho jave. Aisay karte hue jabre ki haddi ke niche sire utarc jawen, aur jab ki apne khana ke kinare par pahuncha, us waqt un ko un ki jagah par utar diya jave, is taur se jabra charh jata hai. Is amar men ziyadah ahtiyat rahe ki thoori ko hamwar kar ke unchay uthay de aur we lakri ke tukre ya kante ke daste apni apni jagah par qaim rahi, agar thoori ke uthane men kaj rahega ya kois sa tukraya sarak jayegay sirif ek taraf se jabre ka jor milega, aur aksar dusra jor milati dasa wuh pahlay jor phir nikal jayegay, aur jo aisayi ka martabah karne ka ittasq hogay to doctor aur mariz donon diq honge. Tabaisa sadma awwal martabah pahuncha to lazym hai ki jabre ko do tin roz tak ek patti ke do ya tin lape sir ke upar aur thoori ke niche lagakar band rakkha jave, aur us shakhs ko hidayet ki jave ki ziyadah muh kholkar hanse men ya jambhai lene men ahtiyat rakkhe, is liye ki jab ek martabah jabra apni jagah se tal gayay ya jambhai lene men phir jaldi se ukhar jayegay.

BAYAN KHUL JANE BANH KE JOR KA BAGHAL MEN SE.

Sawal.—Asar daryast ukharne jor banih ke baghal men se kyay hai?

Jawab.—Us surat men wali shakhs apni kohni apne pahlay tak nahin la sakti hai, ya kandhe ke hamwar nahin uthay sakti hai.

S.—Is jor ke charhane ki riwaji tarkib kyay hai?

J.—Jis ka jor ukhar jave aur jo shakhs us ko charhawے we donon pahlay ba pahlay farsh par leta hain, magar mukhtalif taraf se,

tions, so that the feet of the one are at the shoulder of the other, or the side where the displacement is. The operator then having taken off his shoe, and put a folded towel in the patient's arm-pit, puts his foot upon it, between the chest and the arm, using the right foot if the right shoulder is dislocated, and the left foot, if the left shoulder. He then grasps the patient's wrist with both hands, and pulls the arm down steadily. At the same time, he tells the patient to make some little change in his position, and thus inducing him to call some other muscles into action, the resistance to the reduction, which the muscles of the dislocated shoulder had been previously offering, is for a moment suspended, and at that moment the operator pulls a little more vigorously, and generally the bone immediately returns to its socket with a more or less loud snap.

DISLOCATION OF THE THIGH AT THE HIP JOINT.

Question.—How would you proceed to reduce a dislocated thigh?

Answer.—In the absence of proper pulleys, the patient and the operator should both lie down on their backs, and assistants hold the hips of the former steady, so that they shall not sway about. The operator then puts his leg, after having taken off his shoe, between the patient's legs, and presses his foot close up to the fork, which must be protected with a towel; he then grasps the patient's ankle with both hands and pulls, bids his patient change his position a little, and whilst he is thus engaged, pulls a little more briskly, and probably succeeds in replacing the bone, which goes in with a snap, more especially if the accident has recently occurred.

DISLOCATION OF THE THUMB.

Question.—How would you proceed to reduce a dislocated thumb?

Answer.—A piece of soft leather should be placed round the thumb, over this a piece of strong tape, in the form of the clove hitch, by which extension is to be made, counter-extension being made at the wrist, or between the thumb and forefinger. When reduced, a compress and bandage are to be applied.

yānc is taur se, ki ek ke pānw dusre ke kandhe ke pās yā us jagah par rahen jahān se jo ukhar gayā ho. Maālij apnā jútā utárkar aur ek liptā huá rúmál maríz ke baghal men dálkar dahná pānw úpar chhátí aur bānh ke bich men rakkhe, aur jo dahná kandhá utra ho to dahná pānw, aur jo báyan kandhá utrá ho to báyan pānw, is kám ke liye rakkhe. Bād us ke maríz kí kaláidonoñ háthon se pakre, aur bānh ko sídhá kar ke níche kí taraf khainche. Us waqt maríz ko yih kah dewe ki zará karwaṭ badle us waqt basabab mutharrik hone dígar paṭṭhoñ ke ukhṛē hue kandhe ke paṭṭhe jo barwaqt charháne us ke muzáhimat karte the, wuh muzáhimat wáste ek lahzah ke mauqúf ho jíwégí, chunánchi us lahze men wuh maālij us ke khainchne men zará ziyádah zor kare, aur aksar is taur se wuh haḍḍí jald kam yá ziyádah áwáz se apne kháne men á játí hai.

BAYĀN UKHAR JĀNE JĀNG KÚLAH KE JOR MEN SE.

Sawál.—Ukhṛē hue kúle ko kyuñkar charháyá jáye?

Jawáb.—Darsúrat na maujúd hone charkhí munásib ke maríz aur maālij donoñ píth ke bal leṭ rahan, aur dígar shakhs maríz ke kúloñ ko sídhá pakren, aisá ki kúle kisi jáníb ko jhukne na páwen. Maālij bād jútá utárne ke apní tāng ko maríz kí tāngon men rakkhe, aur jáng ke fork yáne dushákhe par apne pānw se dabáwe, magar us dabáo kí jagah ko rúmál bándhkar mahfúz kiyá jáwe; bād us ke maríz ke ghuṭna ko donoñ háth se pakre, aur maríz ko kahe ki zará karwaṭ badle; jab wuh karwaṭ lene lage us waqt zará zor se khainche, ghálib hai ki is taur se haḍḍí ko wasl karne men kámyáb howe, wuh haḍḍí chatákhá ke sáth, khasús agar sirif chand roz se ukhṛí ho, apní jagah par pahunçhegí.

BAYĀN UKHAR JĀNE PĀNW KE ANGÚTHA KA.

Sawál.—Pānw ke angútha ke charhánc ke liye kyá tadbír kí jáwe?

Jawáb.—Ek tukrá muláyam chamre ká angútha ke gird lapetá jáwe, aur us par ek tukrá mazbút niwár ká bashakal clove hitch yane der girah ke bándhá jáwe, aur us girah ko pakarkar khainchá jáwe aur kúlah ko pakarkar dusrí taraf khainchá jáwe, yá angúthá aur ungliyoñ ke bich men se khainchá jáwe. Bād charh jáne angútha ke gaddí lagáke bandish bándh dí jáwe.

PART VI.

THREE HUNDRED QUESTIONS RELATING TO
HOSPITAL DUTY.

BA'B SHASHUM.

MUSHTAMIL U'PAR TI'N SAU SAWA'LAT KE.KI
JO SHAFA'KHA'NA KE KA'MON SE ILA'QA
RAKHTE HAIN. .

P A R T V I.

THREE HUNDRED QUESTIONS RELATING TO HOSPITAL DUTY.



1. What is the matter with you ?
2. How long have you been ill ?
3. Are your bowels open ?
4. Put out your tongue.
5. Have you any pain ; where is the pain ?
6. Why did you not come to hospital before ?
7. Have you any fever ?
8. At what time does the fever come on ?
9. Have you any shivering at the time ?
10. Does the fever come on at the same hour daily ?
11. How long have you been purged ?
12. Is there any blood or slime in your stools ?
13. Can you swallow a pill ?
14. When did you burn or scald yourself ?
15. Are you often troubled with asthma ?
16. Have you any pain in your throat or chest ?
17. Does it hurt you to draw in your breath ?
18. Do you feel very feeble ?
19. How long has that swelling been coming ?
20. Have you any pain about your heart ?
21. Have you ever had a cataleptic fit before ?
22. How long have you had this cough ?
23. Have you pains over your body with stiffness ?
24. When did this purging and vomiting come on ?
25. Have you been eating or drinking anything to disagree with you ?
26. Did you drink cold water when in a perspiration ?
27. Have you any pain about the navel ?
28. Does the pain come on and go off again at times ?

BA'B SHASHUM.

MUSRTAMIL UPAR TI'N SAU SAWA'LA'T KE KI JO SHA-
FA'KHA'NA KE KA'MON SE ILA'QA RAKHTE HAIN.



1. Tum ko kyá bímári hai ?
2. Kitne dinon se bímár ho ?
3. Tumko pálkhána muwáñiq mämúl ke átá hai ?
4. Apní zubán báhar nikálo.
5. Kyá tumko kahíñ dard mälüm hotá hai, kahán dard hai ?
6. Shafákhána men áj tak kyun na áe ?
7. Tum ko kuchh bukhár hai ?
8. Tum ko kis waqt tap chaṛhtí hai ?
9. Tap chaṛhne ke waqt kuchh larza bhí hotá hai ?
10. Tap har roz ek hí waqt chaṛhtí hai ?
11. Tum ko kitne dinon se dast áte hain ?
12. Tumháre dastoñ men khán yá áyw bli mälüm hotí hai ?
13. Tum golí dawá kí nigal sakte ho ?
14. Kab tumhárá badan ág yá garam pání se jalá ?
15. Kyá tum par dainá aksar zor kartá hai ?
16. Tumháre gale men dard hai yá chháti men ?
17. Kyá tum ko sáñs lene men dard mälüm hotá hai ?
18. Kyá tum ko bahut naqáhat mälüm hotá hai ?
19. Yih warm kab se shurú huá ?
20. Tumhárc dil ke ás pás kuchh dard hai ?
21. Tum ko kabhi áge bhí cataleptic kí bári huí hai ?
22. Yih khánsí tum ko kab se huí hai ?
23. Kyá tumháre badan men dard sáth akráhaṭ ke hotá hai ?
24. Tum ko dast aur dák kab se hai ?
25. Kuchh tumne kháyá piyá hai jisse tumhárá jí matlátá hai ?

26. Kyá tumne men thandá pání piyá hai ?
27. Tumhári náf ke pás kuchh dard hai ?
28. Kyá yih dard kabhi hone lagtá hai aur kabhi játá rahtá hai ?

29. Have you any pain about the bladder ?
30. Do you feel a constant inclination to make water ?
31. Does it hurt you, when I put my hand on it ?

32. Do you feel a burning or throbbing there ?
33. Have you been smoking bang or churrus ?
34. What is it, then, that makes you shake so ?
35. Have you been sleeping outside your house at night ?
36. Have you been subject to epilepsy since childhood ?
37. Do you feel faint or giddy ?
38. Have you any pain at the pit of the stomach ?
39. Are you very thirsty ?
40. How long is it since you first perceived the discharge ?

41. Have you ever had gonorrhœa before ?
42. Have you any scalding when you make water ?
43. Have you any erection of the penis at night ?
44. Do you ever see any blood in your urine ?
45. How long have you been spitting blood ?
46. Do you often spit blood ?
47. Have you any heat or pain at the rectum ?
48. Do the pilcs bleed when you go to stool ?
49. Does your rectum ever fall down when you go to stool ?
50. Does the pain shoot to your back and shoulder ?
51. Is the pain increased by pressure ?
52. When did the dog bite you ?
53. Was the dog killed at the time ?
54. Are you quite sure the dog was mad ?
55. Who saw the dog besides yourself ?
56. How long is it since this man was struck down by the sun ?
57. How long have you had this eruption ?
58. Have any of your family had the same disease ?

59. How did it first come on ?
60. How old are you ?
61. Are you married ?
62. Have you any children, how many ?
63. Are you subject to rheumatism ?

29. Kyá tumháre masána ke pás kuchh dard hotá hai ?
 30. Kyá tum ko hájat pesháb kí har waqt malúm detí hai ?
 31. Kyá tum ko is jagah hamáreháth dharne se taklíf malúm
detí hai ?
 32. Kyá us jagah jalan aur lapak malúm detí hai ?
 33. Kyá tum bhang yá charas piye hue ho ?
 34. Phir kyá sabab hai ki tum itná kánpṭe ho ?
 35. Kyá tum apne ghar men rát ko sáya men naliñ sote ?
 36. Kabhí tum ko mirgí bachpan men bhí huí thí ?
 37. Tumko ghash átú hai yá sir phirtá hai ?
 38. Peṭ ke tale kuchh dard malúm hotá hai ?
 39. Kyá tumko piyás zore kí lagtí hai ?
 40. Kitní muddat huí ki tumne us men se awwal mawád bah-
tá dekhá ?
 41. Tum ko kabhí pahle bhí sozík huá hai ?
 42. Pesháb karne ke waqt sozish bhí hotí hai ?
 43. Rát ko tum ko naúz bhí hotá hai ?
 44. Kabhí tumháre pesháb men khún bhí malúm hotá hai ?
 45. Tum kab se khún thúkte ho ?
 46. Tumháre thúk men lahú aksar átā nai ?
 47. Dubar ke as pás kuchh dard aur jalan hai ?
 48. Dast ke sáth bawášír ká khún bhí átā hai ?
 49. Pákhána phirne ke waqt kablí káñch nikál átí hai ?
 50. Yih dard tumhári kamar aur kokh men mártá hai ?
 51. Kyá dard dabáne se ziyádah hotá hai ?
 52. Tum ko kutté ne kab kátá ?
 53. Kyá us kutté ko us waqt már dálá thé ?
 54. Tum ko khúb yaqín hai ki kuttá díwáná thé ?
 55. Tumháre siwá kisí aur ne bhí kuttá dekhá thé ?
 56. Kitná ṛasa huá ki yih ṛadmí dhúp kháne se gir pará ?
 57. Kitne dinon se tumháre badan par phunsi hai ?
 58. Kisí ko kabhí tumháre kunbe men se yih bímári láhaq
huí thí ?
 59. Awwal kyunkar yih bímári láhaq huí ?
 60. Tumhári kyá ȳmr hai ?
 61. Tumhári shádf ho gaí hai ?
 62. Tumháre bál bachche bhí hain, aur kitne hain ?
 63. Kyá tum ko gaṭhiyá kú khalal rahtá ha ?

64. When did your joints begin to swell?
65. Have you pain on both sides of your loins?
66. Does the pain descend on the outer side of your thigh?
67. Is the pain increased when you move about?
68. Have you received a blow over your kidneys?
69. Have you lately twisted yourself, or had a heavy fall?
70. Did you ever pass a stone when making water?
71. Can you see by day or night best?
72. Do you feel as if you had sand in your eye?
73. Is the pain increased by the light?
74. Is your sight very much affected?
75. When did you become paralytic?
76. Is your taste, smell, or hearing affected?
77. Does the pain dart through your left shoulder-blade upwards to left collar bone and shoulder?
78. Are you obliged to lay in that position?
79. Cannot you lay in any other posture?
80. Bend yourself a little forward, cannot you?
81. Cannot you lie on your right or left side?
82. Draw up your legs towards your belly.
83. Now stretch them out straight.
84. Are your ankles weak?
85. Stretch out your right arm, now your left.
86. Now lift them both over your head.
87. Draw in a full breath, now cough.
88. Open all your fingers wide.
89. Have you ever had disease of your lungs?
90. When you cough, do you ever spit up matter?
91. What disease did your parents die of?
92. What part of your chest is the pain in?
93. Does it hurt you to lie on that side?
94. Are you obliged to sleep sitting upright?
95. How long is it since you made water?
96. Have you got a stricture in your passage?
97. Have you been putting any thing up your passage?
98. Did the stricture come on after a gonorrhœa?
99. Show me both of your hands and wrists.
100. How long has your spleen been swollen?

64. Kab se tumháre jorōn meṇ sújan shurú huí ?
 65. Kyá kamar ke donon taraf dard hotá hai ?
 66. Kyá dard níche utar ke rán ke úpar kí taraf hotá hai ?
 67. Kyá dard tāhalne se ziyádah hotá hai ?
 68. Tumháre gurde par kahíp chot to nahín lagí ?
 69. Kyá in dinon meṇ tumháre moch ái yá tum gir pare ho ?
 70. Kabhí tumhári pesháb meṇ kānkaṛ bhí niklá hai ?
 71. Tum ko diu meṇ ziyádah dikhái detá hai yá rát ko ?
 72. Áñkhoṇ meṇ tum ko ret sí bharí huí mālúm detí hai ?
 73. Roshní meṇ dard ziyádah ho játá hai ?
 74. Kyá tumhári áñkhoṇ se bahut kam dikhái detá hai ?
 75. Tum ko kab se fálij huá hai ?
 76. Kyá tumháre záiqá, shámuh yá shunwá meṇ farq á gayá hai ?
 77. Kyá dard níche se báin katf meṇ hoke úpar ko haslí aur
 kandhe ke chubak mártá hai ?
 78. Siwá is balke, kyá tum aur taraf nahín let sakte ho ?
 79. Kyá tum kisí aur taraf nahín let sakte ?
 80. Agar tum áge kí taraf jhuk sakte ho to jhuko.
 81. Kyá tum dáhiní yá báin karwaṭ nahín let sakte ?
 82. Apní tángon ko peṭ se miláo.
 83. Ab unko síuhá phailá do.
 84. Kyá tumháre ṭákhnón meṇ táqat nahín hai.
 85. Apná dáhiuá bázú phailáo aur ab báyán.
 86. Ab donoṇ báhen apne sir sc úñchí karke kharí karo.
 87. Sáñs úpar ko lo, ab kháñso.
 88. Tamám apní ungliyán kholkar phailáo.
 89. Tum ko kabhí phepre ká bhí marz láhaq huá hai ?
 90. Kháñsne meṇ khankár ke sáth kabhí píb bhí átí hai ?
 91. Kaun bímári tumháre má báp ko marne ke waqt huí thí ?
 92. Chhátí meṇ kis muqám par dard hotá hai ?
 93. Is karwaṭ leṭne se kyá dard hotá hai ?
 94. Kyá tum ko siwá baithne ke nínd nahín átí hai ?
 95. Tum ko pesháb kiye hue kitná arsa huá ?
 96. Tumháre pesháb ke raste meṇ kuchh rukáo hai ?
 97. Kyá tum ne pesháb ke raste meṇ kuchh chíz charhái hai ?
 98. Kyá yih rukáo bäd suzák ke wáqa huá ?
 99. Ham ko apne donon háth aur pahunche dikháo.
 100. Kitní muddat se tumhári tillí bárh gaí hai ?

101. Have you had ague lately?
102. Have you been taking mercury lately?
103. Have you ever been vaccinated?
104. Have you been near any person lately who had the small pox?
105. How many days have you felt poorly?
106. Does it hurt you to swallow water?
107. Put twelve leeches on his throat, and foment it with hot water until the bleeding ceases.
108. Show him how to gargle his throat, which he should repeat every quarter of an hour, and keep some flannel wrapped round it.
109. Are you regular every month?
110. Have you any throbbing in your head?
111. How long has the child had those spots on its mouth and tongue?
112. Are the child's bowels in good order?
113. Is it purged or costive?
114. How long have your courses been obstructed?
115. What caused them to stop?
116. How long has that child had St. Vitus' dance?
117. Is that child cutting a tooth?
118. How many teeth has that child?
119. Has it ever had a convulsion before?
120. Has the child been eating any thing to disagree with it, or has it got worms?
121. That child has got the mumps.
122. Did the swelling disappear suddenly?
123. Have you any pain at the lower part of your back when you menstruate?
124. Have you always pain at that time?
125. Are you married?
126. Does the child complain of the eruption, itching or smarting much?
127. Does the eruption show itself on any other part of its body?
128. How long have you remarked that child's head to be swollen in that manner?

101. Kyá in dinon men tum ko járe se bukhár átá hai?
102. Kyá tum ne áj kal kuchh párá kháyá hai?
103. Tumbáre kabhí tíká bhí lagá hai?
104. Tum in dinon men kisí aise shakhs ke pás to nahín gae jise sítlá nikal rahí thí?
105. Kitne dinon se tumhári tabíat mándí hai?
106. Pání píne se tum ko dard malúm hotá hai?
107. Us ke kaleje par bárah jonkeñ lagáo, aur jab talak khún band na ho garm pání se senkte raho.
108. Us ko gharárah karne kí tarkíb batá do, aur kah do kick ghante men chár dafá gharárah kare aur tukýá loí ká apne gale se lapeñ rakkhe.
109. Tum ko haiz qáidah se har mahína hotá hai?
110. Tumháre sir men kuchh dhamak malúm detí hai?
111. Is lárke ke munh aur zubán par kitní muddat se dágħ hain?
112. Is lárke ko dast qáidah se hotá hai?
113. Peñ járí hai yá band?
114. Kab se haiz band hai?
115. Kis sabab se haiz band huá?
116. Kitní muddat se is lárke ko rasha huá?
117. Is lárke ke dánt nikalte hain?
118. Is lárke ke kitne dánt hain?
119. Kabhí us ko sábiq men bhí tashannuj huá thá?
120. Kyá is lárke ne kuchh aisí chíz kháí hai jisse jí matlátá hai, yá us ke peñ men kire hain?
121. Kyá us lárke ke mumps hain.
122. Kyá waram yakáyak játá rahá?
123. Kyá tumhári kamar ke níche dard hotá hai jab ki tum kapron se hotí ho?
124. Us waqt kyá tumháre hamesha dard hotá hai?
125. Kyá tum biyáhí ho?
126. Kyá yih lárki faryád khárish yá ziyádah sozish phun-siyoñ kí kartí hai?
127. Yih phunsí us ke badan par kisí aur jagah bhí hai?
128. Tum ne kab se dekhá hai ki us lárke ká sir is tarah par súj gayá hai?

129. Does the child clasps its head and scream at times as if in great pain ?
130. Is it heavy and drowsy ?
131. Does it squint ?
132. Does that girl often get hysterics ?
133. How long have you had that discharge ?
134. Are your courses quite ceased ?
135. How long has that child had the hooping cough ?
136. Does the fit of coughing come on very often ?
137. Have you much hooping cough near you ?
138. Has that child ever had the measles ?
139. That child has got the measles now ?
140. How many days has the eruption been out ?
141. Is that child one of a scrophulous family ?
142. Has the child a ravenous appetite ?
143. What food do you generally give it ?
144. Is that child weaned yet ?
145. That child ought to be weaned directly.
146. You should procure a healthy wet-nurse for that child as soon as possible.
147. You should change that child's nurse, do you not see her milk disagrees with it ?
148. Give that child donkey's milk.
149. Wean the child gradually, and give it thin sago during the day.
150. Take care, that eruption on the head is contagious, keep it away from the other children.
151. If possible, that child should have change of air, or sea bathing.
152. Has that child ever had croup before ?
153. Do not be alarmed, the child has only got the nettle rash, which will soon go away.
154. This is chicken or swine pox.
155. Does the child pick its nose, and complain of irritation at the rectum ?
156. How long have you remarked worms in its stools ?

129. Kabhí yih laṛká apná sir donoñ háthon se bhíñchkar dard ke máre chillátá bhí hai?
130. Yih laṛkú sust aur níndásá bhí hai?
131. Kyá wuh derátá hai?
132. Is laṛlí ko kyá aksar hysteric hotá hai?
133. Yih mawád kab se bahtá hai?
134. Kyá tum ko kapre áne bilkul mauqúf ho gaye hai?
135. • Us larke ko kúkar khánsí kab se huí?
136. Khánsí kyá aksar ughtí hai?
137. Kyá tumhárc ghar ke ás pás kúkar khánsí aksaroñ ko hai?
138. Us larke ke kabhí khasrá bhí niklí hai?
139. Us ko abhlí khasrá hai?
140. Kitne dinoñ se phunsí niklí hai?
141. Kyá is larke ke kunbe men kanthmálá bahut hai?
142. Kyá us larke ko shiddat kí bhúk hamesha lagtí hai?
143. Kyá ghizá tum hamesha us ko dete ho?
144. Kyá us larke ká dúdh chhurá liyá hai?
145. Us larke ká dúdh abhlí chhurá lená cháhiye.
146. Tum ko us larke ke wáste ek tandurust anná jald rakhní cháhiye?
147. Tum ko cháhiye ki us larke kí dálh piláí ko badlo, tum nahín dekhte ho ki us ke dálh se bachche ká jí matlítá hai?
148. Us larke ko gadhí ká dálh piláo.
149. Us ká dálh rafte rafte chhuráo aur din men kuchh ságú patlássá pakákar khiláyá karo.
150. Yih phunsiyáñ is larke ke sir par mutaḍdi hain (yane pás baiṭhne se aur ko bhí ho játi hain) dekho yih laṛká aur bachchoñ ke pás hargiz na jáne páwe.
151. Agar ho sake to is larke kí tabdilí hawá kí karo, aur daryá men naqal karo.
152. Kabhí is larke ko marz croup áge bhí huá hai?
153. Andeshá na karo is larke ko sirf nettle-rash hai, jald rafá ho jáegá.
154. Yih to motiyá yá swine pox hai.
155. Kyá laṛká apní nák ko unglí se nocttá hai aur dubár ke dard se diq hai?
156. Tum ne kab se us ke dast men kíre dekhi?

157. The child's food should be nutritious, but not stimulating.
158. See that the child chews its food properly.
159. Do the patients leave the hospital without leave?
160. Are all the hospital servants always in attendance?
161. Have the men any complaints to make?
162. Do the bearers assist the feeble men, when asked to do so?
163. Do the sweepers clean the privy well every day?
164. Why do you permit the men to relieve themselves on the ground all round the hospital?
165. I will send my grass-cutters to-day, to cut the grass for fifty yards all round the hospital.
166. The next time I see the ground soiled, I will report it to the Commanding Officer.
167. Why do you allow the sick men to bring their accoutrements into hospital? you know very well it is against orders.
168. The hospital is very dirty, see that the sweeper is more attentive in future.
169. Have every door opened an hour after gun-fire in the morning, to ventilate the hospital.
170. Shut all the doors an hour after sunset.
171. During the hot weather, all the doors may be open all night.
172. Do not allow the sick men to take their charpoys outside at night.
173. Take care one native doctor is always to be present at the hospital day and night.
174. No man is to be discharged from hospital until fit for duty.
175. Do not allow the men to spit about on the floors; place a koondah by each bed.
176. Never make up any prescription that may be sent to you until I have seen it.

157. Ghizá is larke ko muqawwí dení cháhiye, magar aísí na ho jo tahríka ho.

158. Is bát ká liház rakkho ki larká apne kháne ko khúb chabákar kháwe.

159. Kyá maríz shafákhána se beijázat báhar chale játe hain?

160. Tamám naukar shafákháne men hamesha házir rahte hain?

161. Kyá koí ádmí nálshí hain?

162. Jab ki nátáqat bímár kaháron se madad cháhte hain to we karte hain?

163. Khákrob jáizarúr ko har roz sáf kiyá karte hain?

164. Tum kis wáste is bát ko maná nahín karte ki ádmí cháron taraf shafákhána ke ghilázat phailáte hain?

165. Aj maiṇ apne ghasyáron ko bhejungá ki pachás gáz tak gird shafákhána ke ghás sáf kar deṇ.

166. Agar ham phir kisí waqt zamín ko ʂhalíz dekhenge to us kí Kamániar Sáhib ko itlá denge.

167. Tum kis wáste marízon ko shafákhána men sámán láne dete ho? tum khúb jánte ho ki yih bát khiláf hukm ke hai.

168. Shafákhána sáf nahín hai, khabardár raho ki khákrob apne kám men sustí na kare.

169. Ek ghanṭe bād fajar kí top ke tamám darwáze khol diye jáwen táki tázi hawá shafákhána men báhar se áwe.

170. Tamám darwáze ek ghanṭe bād gharúb hone áftáb ke band kiye jáwen.

171. Garmí ke mausam men tamám darwáze khule rakhne cháhiye tamám rát.

172. Bímáron ko chárpaíyán rát ko bahar na bichháne do.

173. Khabardár raho ki ek Hindustání Doctor shafákhána men rát din maujúd rahe.

174. Kisí maríz ko shafákhána se ruksat karná na cháhiye jab talak ki wuh qábil bajá láne apní naukarí ke na ho.

175. Kisí maríz ko zamín par thukne na do aur ek ek kúndá har ek kí chárpaí ke pás rakkho.

176. Kisí bheje hue nuskha ko taiyár na karo jab tak ham us ko dekh na len.

177. I do not allow any smoking inside the hospital.
178. Those men who want to smoke must go out into the verandahs.
179. Send for me at any hour of the day or night if I should be required.
180. If any case of cholera should occur, send for me immediately.
181. Send and let me know if that man gets any worse.
182. If he cannot swallow a pill, make up the medicine into a powder.
183. Give him these two pills to-night.
184. Let him have the purgative to-morrow morning.
185. Give him a table spoonful of the mixture after each liquid stool.
186. Give him two table spoonsful of the mixture directly, and repeat it every three or four hours.
187. Put the blister on to-night, and dress it in the morning with simple ointment.
188. Dress his blister morning and evening with the savine ointment.
189. Fasten the blister on carefully, so that it cannot be displaced.
190. That wound should be dressed twice a day, otherwise it will be very offensive.
191. If you see any maggots in the wound, wash two or three times a day with some turpentine.
192. This arm, leg, thigh, cannot be saved ; we must amputate it at once.
193. Explain the necessity of doing so to him, as the only chance of saving his life.
194. You will not suffer any pain during the operation, if you breathe through this cloth.
195. Pour out one drachm of chloroform.
196. Bring me the amputating instruments.
197. Take care the tourniquet is not displaced should he struggle.
198. Hold the limb steady, and keep it in that position.

177. Main shafákhána men kisí ko huqqa píne kí ijázat nahín detá.
178. Jo koí huqqa píná cháhe to barámda men jákar píwe.
179. Agar kisí waqt din yá rát ko hamárá áná zarúr ho to ham ko bulwá lo.
180. Agar kisí ko haizá howe to ham ko fauran buláo.
181. Agar us ádmí ká hál abtar ho to ham ko khabar do.
182. Agar wuh dawá kí golí nígal na sake to us ko pískar do.
183. Yih donon goliyán us ko áj rát ko khiláo.
184. Kal subah us ko julláb piláo.
185. Us ko yili bamiqdár ek majhole chamche ke bád har ek patle dast ke piláo.
186. Us ko do majhole chamche is murakkab dawá kc is waqt piláo, aur phir isí qadar tím tím chár ghanṭe bád dete raho.
187. Áj rát ko plaster lagáo aur kal phalkon ke úpar sused marham lagáo.
188. Us ke phalkon ke úpar subah aur suám marham sawine lagáo.
189. Plaster ko khúb ihtiyát se bándho táki kisí tarah apní jagah se phisal na jáwe.
190. Us zaḥhm ko din men do daṣa sáf karke pháyá lagáo nahín to zaḥhm sar jáwegá.
191. Agar us zaḥhm men kíre par jáwen to din men do yá tím daṣa turpentine tel se dhoyá karo.
192. Yih bázú aur tág aur rán achchhí nahín ho sakte, hamen unko abhfí kátná cháhiye.
193. Usko samjhá do ki sirif wasíla uskí ján bachne ká yihí hai.
194. Tum ko kuchh ízá kátné kí nahíñ malúm degí agar is kapre men se dam loge.
195. Ek drachm chloroform ká dálo.
196. Hathiyár kátné ke mere pás láo.
197. Khabardár raho ki tourniquet barwaqt us ke háth pánw mánne ke apní jagah se haṭ na jáwe.
198. Is uzy ko mazbút tháñbo aur isí tarah rahne do.

199. Give me the saw and bone nippers.
200. Have you waxed the ligatures.
201. That silk is rotten, give me the other.
202. Now give me a bandage, but wet it well with water first.
203. Keep this dressing constantly wet with cold water.
204. One of you must sit beside him, and see there is no haemorrhage.
205. You had better keep the tourniquet loosely round the limb in case it should bleed.
206. Send to me directly if bleeding comes on.
207. There is some artery bleeding, we must reopen the wound.

208. Do not be alarmed, that is only venous blood, which will soon stop.
209. You bore the operation very well, I am very much pleased with you.
210. Do not move your stump about, otherwise you will make it bleed.
211. As soon as your wound is healed, you shall go to your home.
212. Get him a pair of crutches made to-day.
213. Wrap some tow round them, they cut him under the arm when he uses them.
214. That man is very feeble, I will send him to his home for six or eight months.
215. His arm, leg, or ribs are broken.
216. Bleed him at once until he faints.

217. Roll that broad bandage carefully round his chest five or six times.
218. If his breathing becomes oppressive again, you must repeat the bleeding.
219. Your shoulder is dislocated, how did you do it?
220. Lay flat on the ground, and give me your hand.
221. It is now reduced, bind it up carefully.
222. If the point swells or there is much pain apply two or three dozen leeches.
223. Foment the limb constantly with warm water.

199. Árí aur bone nipper ham ko do.
200. Tum ne doroṇ ko mom lagá diyá hai?
201. Yih resham gal gayá hai, aur do.
202. Ab ham ko ek paṭṭí do, magar pahle pání men tar karo.
203. Is paṭṭí par hamesha ṭhandá pání dálte raho ki tar rahe.
204. Lázim hai ki ek ádmí tum men se us ke pás baithá rahe, aur khyál rakkhe ki zaḥkm sc khún jári na ho jác.
205. Is tourniquet ko ḍhlílā karke badan par lagá rahne do.
206. Agar khún jári ho jác to ham ko fauran khabar do.
207. Kisí shiryán men se khún átā hai, ham ko zaḥkm phir kholná cháhiye.
208. Daro nahín, khún kisí rag se átā hai, jald band ho jáegá.
209. Tum ne badan káṭne ke dard ko bahut mazbútí se sahá, ham tum se bahut khush hain.
210. Tum apne ṭund ko na hiláo, nahín to khúx jári ho jáegá.
211. Jis waqt tumhárá zaḥkm achchhá hogá us waqt apne ghar chale jáná.
212. Aj us ádmí k, wáste ek joṛá baisákhí ká banwá do.
213. Thorá san un baisákhíyon par lapeṭ do kyunki we bar-waqt kám men láne ke baghal ko chhíl dáltí hain.
214. Wuh ádmí bahut nátáqat hai, lum us ko chhah yá áṭh mahíne kí ghar jáne ke wáste ruḥhsat denge.
215. Us ká bázú yá ṭáng yá pasliyán tút gaí hain.
216. Us kí fasd jald kholo, aur jab tak ghash na áwe khún band na karo.
217. Us kí chhátí ke gird us chaurí paṭṭí ko pánch yá chhah pher lapeto.
218. Agar sáns lene se use phir dard malúm ho to tum ko phir fasd kholní cháhiye.
219. Tumhárá kandhá utar gayá hai yih kyunkar wáqa huá?
220. Zamín par chit let jáo aur apná háth mujhe do.
221. Ab wuh chāṛh gayá hai, us par paṭṭí hoshýári se bándho.
222. Agar joṛ súj jáwe yá us men bahut dard ho to do yá tín darjan jonken lagáná.
223. Is uzy ko har dam garam pání se senkte raho.

224. Take care that every leech employed in this hospital is destroyed directly it comes off.
225. The sweeper has no right to complain, as he has been paid already for the leeches.
226. If he is very restless, give him three or forty drops of laudanum.
227. This man is poisoned; what have you been eating or drinking to-day?
228. Have you had a quarrel with any person lately?
229. Could he have poisoned you if he wished?
230. Do you suspect any person in particular?
231. Give him half a drachm of sulphate of zinc.
232. Let him drink a large quantity of warm water, at least six pints to keep up the vomiting.
233. As he cannot swallow, we must use the stomach pump.
234. Do not throw away the contents of his stomach until I have examined it.
235. When did the snake bite you?
236. What kind of a snake was it that bit you?
237. Where is the snake? I should like to see it.
238. Rub the caustic well into the wound, and then apply a hot poultice over it.
239. You must make him walk up and down the hospital until all drowsiness goes away.
240. Order two of the bearers to support him under his arms; he must not rest yet.
241. Give him a full dose of the spiritus ammonia succinatus and brandy directly.
242. Repeat it every twenty minutes, until he is relieved from the stupor.
243. Let him sniff at the ammonia occasionally.
244. Do not allow this man to get up when his bowels are moved, but give him a bed-pan.
245. If you allow him to sit up or get out of bed he will probably die.
246. That lancet is not sharp, take another.

224. Dekho jo_{nken} jo is shafákhána men lagáí jáwen un ko barwaqt chhútne ke fauran már dálo.
225. Jonk wále ko jab ki us ne qímat apní jo_{nkon} kí pálí hai jagah shikáyat kí nahín hai.
226. Agar wuh bahut beqarár hai to us ko tís chális búnđen laudanum kí piláo.
227. Is ádmí ko zahar diyá hai, áj to tum ne kyá kyá kháyá píyá hai?
228. Tumhárá in dinon men kisí se jhagrá to nahín huá?
229. Agar us ádmí ká zahar dene ká irádah hotá to wuh khilá esktá thá?
230. Tum kisí khás ádmí par shubah rakhte ho?
231. Sulphate of zinc us ko ádhá drachm de do.
232. Us ko bahutsá garam pání piláo na kam chhah pints se ho, tákí baķhúbí qai áwen.
233. Chúñki us ko nígalne kí táqat nahín hai to ham ko stomach pump kám men láná cháhiye.
234. Jo kuchh us ke peṭ men se nikle us kó baghair hamáre daryáft karne us kí haqíqat ke pheṇk na dená.
235. Tum ko sánp ne kab kátá?
236. Jis sánp ne tum ko kátá wuh kis qism ká thá?
237. Wuh sánp kahán hái? maiṇ us ko dekha cháhtá húṇ.
238. Zaķhm par caustic ko khúb malo aur bād us ke us par garm poultice lagáo.
239. Tum us ko idhar udhar shafákhána men ṭahláte raho jab tak ki uskí úng rasa na ho.
240. Do kaháron ko hukm do ki baghlon men háth dekar us ko khaṛá rakkhen.
241. Púrī miqdár spirits ammonia succinatus aur brandy ká jald do.
242. Bís bís lahze ke bād yih piláte raho táwáqtíki us kí behoshí záil na ho.
243. Kabhí kabhí us ko ammonia sungháo.
244. Is ádmí ko uṭhne na do jab tak ki us ko pákháne kí hájat ho balki ek tasht us ke pás rakh do.
245. Agar tum is ádmí ko uṭhne yá chárpaí se utarne doge to us ke mar jáne ká khauf hogá.
246. Wuh nashtar tez nahín hai, aur lo.

247. Do you know how to cup a patient ?

248. Bring the instruments, and I will show you.

249. Cup him over the temples.

250. When you cup a patient, do not press the instrument heavily on the part.

251. He must be cupped on the nape of his neck.

252. Have his head shaved, and keep cold lotions constantly applied to it.

253. Bring me the seton needle and some oiled silk.

254. This seton must be kept in for a long time, and dressed regularly every morning.

255. Do you know what the object is in making an issue ?

256. He should have an issue made either in his arm or thigh.

257. Let this man have one of his comrades to wait upon him, as he is very feeble.

258. How many are there now from the lines waiting on the sick ?

259. Send half of them back, as one man can very easily attend upon two patients.

260. Keep that man, as he is a brahmin.

261. This man is dying, ask him if he wishes to see any person in particular.

262. Ask him if he has any property to leave, and how he wishes it disposed of.

263. Write down what he says in the presence of two witnesses, and let him sign it or make his mark before them.

264. Do you think his friends would object to my opening his body ?

265. I am very glad I did open his body, as I find I was treating him correctly, though he did die.

266. If you see or hear of any poor man, who has a stone in his bladder, let me know.

267. Did you ever see the operation of lithotomy ?

268. The weather is too warm to operate with safety to the patient.

269. Take him into hospital, and when his health is improved I will operate on him.

247. Tum ko bímár ke síngí lagání átí hai ?
248. Hathyár láo, ham tum ko síngí lagáne kí tarkíb batá denge.
249. Us kí kanpaṭṭiyon men síngí lagáo.
250. Jab ki tum bímár ke síngí lagáo to ála ko bahut na dábo.
251. Us kí guddí men síngí lagání cháhiye.
252. Us kí hajámat banwákar sir par thandhá pání chhirakte raho.
253. Náth kí suí aur reshám tel láo.
254. Is náth kí suí ko ziyádah ṛṣa tak lagá rahne do, aur zaḥkm ko har roz subah ko dhoyá karo.
255. Tum jánte ho kyá sabah issue lagáne ká hai ?
256. Cháhiye ki uske bázú yá rán men ek issue banáyá jáwe.
257. Ek sipáhí uske pás ḥabargírí ke wáste rahe, kyunki wuh bahut kamzor hai.
258. Kitne sipáhí ab wáste ḥabargírí bímárop ke hain ?
259. Ádhé un men se len men bhejo, kyunki ek ádmí bahut ásání se do kí ḥabargírí kar saktá hai.
260. Us ádmí ko rakkho, kyunki wuh brahmin hai.
261. Wuh ádmí martá hai, us se daryáft karo, agar kisí se milná chahtá ho.
262. Usse púchho ki uská kuchh asbáb hai, aur kyunkar uská bandobast kiyá jáwe.
263. Jo kuchh wuh kahe usko sámhnc do gawáhon ke likh lo, aur uske dastkhat yá nishání karwá lo.
264. Tumhári dánist men uske dost burá mánenge agar ham us murde ká peṭ chák karen ?
265. Ham bahut khush hain ki hamne uská peṭ chák kiyá, kyunki hamen khul gayá ki hamne uske iláj men ḥatá nahín kí jab ki wuh mar gayá.
266. Agar tum dekho yá suno ki kisí gharíb ke pathrí hai to hamko ḥabar do.
267. Tumne kabhí pathrí nikalte huí dekhí hai ?
268. Garmí bahut partí hai, kátné men bímár ke wáste ḥatra hai.
269. Usko shafákhána men le lo jab ki wuh ján pakar jáwegá us waqt ham káṭenge.

270. A detachment of the regiment is ordered to march, whose turn is it to go this time?

271. See that the usual quantity of medicines are made up, and I will examine them.

272. Is the dooly and bedding in perfect order?

273. Why did you not inform me that the dooly was broken?

274. The regiment is ordered on service, we start in a very few days.

275. Pack up all the medicines very carefully.

276. Wrap some tow round each bottle.

277. Put all the instruments in one box, so that we shall know where to look for them.

278. See that the straps and padlocks are not broken.

279. Only put those medicines in the petarrahs that are daily required.

280. Warn all the servants to be ready to start.

281. Never allow any man to go in a dooly if he is able to walk.

282. Order every spare dooly to keep close up to the rear of the regiment on the march.

283. One Native Doctor must keep in the rear, to see after the doolies, and take care the bearers do not stray away.

284. The sick men may start in advance of the column, under charge of the other Native Doctor.

285. It is likely the regiment will go into action to-day.

286. Keep one dooly expressly for the instruments, bandages, splints, and brandy.

287. Order one of the bheesties to remain close to this, and not absent himself for a minute.

288. Make up several rollers of sizes, and spread three or four yards of sticking plaster.

289. Take care to have the lantern ready with the wax candles.

290. Draw up all the doolies directly the firing commences, and place sentries over them.

291. Place all the tourniquets in the dooly.

292. Is there plenty of lint at hand?

293. Get out every piece of sponge we have.

270. Ek hissa paltan ke kúñch ká hukm hai, is martabah kis kf bári hai?
271. Muwáfiq māmúl ke har qism kí dawáen taiyár kar rakkho, ham unko áp áñkar dekhenge.
272. Dolí aur us ká bichhoná khúb durust hai.
273. Tum ne ham ko kyuñ na khabar dí ki dolí tüt gaí hai?
274. Paltan ko muhim par jáne ká hukm hai, thore se dinon men ham kúñch karenge.
275. Sab dawáon ko hoshýári se bándho.
276. Har ek shíshí par san lapeṭo.
277. Tamám hathyáron ko ek hí sandúq men band karo, istarah par ki zarúrat ke waqt mil jáwen.
278. Tasmon aur quflon ko dekh lo ki túte hue to nahín hain.
279. Sirif wuh dawáen jo roz kám men átí hain pitáre men rakkho.
280. Sab naukaron ko jatá do ki kúñch ke wáste taiyár rahen.
281. Kisí ádmí ko dolí men na jáne do jis súrat men chalne kí táqat rakhtá ho.
282. Hukm do ki fáltú doliyán paltan ke píchhe milí rahen.
283. Lázim hai ki ek Hindustání Doctor píchhe wáste khabardári doliyon ke rahe, aur khabárdár rahe ki kaháron ko idhar udhar na chalne de.
284. Bímár ádmiyon ke áge jáwen, aur un ke hamráh dúsra Hindustání Doctor rahe.
285. Yaqín partá hai ki paltan laráí par charhe.
286. Ek dolí khás wáste rakhne hathyáron aur pattiyon aur splint aur brandy ke cháhiye.
287. Ek ko saqqon men se hukm do ki isí dolí kolí ke sáth rahe aur ek lahma judá na ho.
288. Kaí ek barí pattiyan banáo aur tín yá chár gaz sticking plaster ke phailáo.
289. Dekho láltain mai mom kí battiyon ke taiyár rahe.
290. Jis waqt top aur bandúq chalne lage us waqt sab doliyon ko qatár bándhke khará karo aur un par pahredár khare karo.
291. Sab tourniquet dolí men rakkho.
292. Wahán bahut lint nazdik hai?
293. Sponge jitná ho sab nikál lo.

294. The ammonia, chloroform and laudanum with a glass measure should be at hand.

295. We must make the best operating table we can, with the camel trunks.

296. Send off the doolies quickly under a guard to pick up those wounded men.

297. Now that all the wounded have been attended we can go and get something to eat.

298. One of you had better sit up to look after the wounded, whilst the other sleeps.

299. As soon as I have had a little sleep, I will come and relieve you.

300. All the wounded men are going on very well.

294. Ammonia chloroform aur laudanum sáth ek glass measure ke nazdík rahe.

295. Ham ko koí chíz mez kí súrat banání cháhiye tákí zaķhmiyon ko us par litákar kát kút amal men áwe, únton ke sandúq yih kám de sakte hain.

296. Doliyon ko bahifázat ek pahre ke bhejo ki zaķhmiyon ko uṭhá láwen.

297. Ab to ham sab ne zaķhmiyon kí dawá dárú aur marham pattí se kháne kí fursat pái.

298. Bihtar yih hai ki ek tum men se wáste ķhabargírí zaķhmiyon ke júgtá rahe aur dúsrá sowe.

299. Bąd thorí nínd ke maiñ áñkar tuñhári bañlí karúngá.

300. Tamám zaķhmí ķhairáfiat se hain.

